

**First Things First
Needs and Assets Report**

**La Paz/Mohave Regional Partnership Council
2012**

Prepared by the
Norton School of Family and Consumer Sciences
The University of Arizona

Funded by
First Things First La Paz/Mohave Regional Partnership Council

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Message from the Chair

The La Paz/Mohave Regional Needs and Assets Report is conducted every two years. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that is used to help determine how best to invest resources to improve the lives of young children and families in the region.

The La Paz/Mohave Regional Partnership Council takes great pride in the progress made over the past four years. Guided by the Needs and Assets Reports prepared for our region in 2008, 2010 and the new 2012 report, we've continued to help build a solid foundation for young children and their families. Strong relationships with partners throughout the region have allowed us to expand access to quality early learning, health and family support services. In the process, we've touched the lives of many young children, families and early childhood professionals.

The La Paz/Mohave Regional Partnership Council would like to thank our Needs and Assets vendor, the Norton School of Family and Consumer Sciences at the University of Arizona, for their knowledge, expertise and thoughtful analysis of the region. This new report provides valuable information not previously available at the community level. It will inform our decision-making and benefit organizations region-wide.

Through-out our strategic planning and community assessment process, numerous parents, grantees and community partners from various programs serving young children and families in the region have generously offered their time, information and insight to help make this a rich and meaningful report. Our work would not be possible without their significant contributions, for which we are immensely grateful.

Thanks to our dedicated volunteers, staff and partners, First Things First is making a real difference in the lives of our youngest citizens, not only in La Paz and Mohave counties, but throughout the entire state.

Thank you for your continued support.

Sincerely,

Riley Frei, Chair
La Paz/Mohave Regional Partnership Council



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Introduction and Acknowledgments

Introduction

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the La Paz/ Mohave Region provides a clear statistical analysis and helps us in understanding the assets, needs, and gaps for young children and points to ways in which children and families can be supported.

The First Things First La Paz/Mohave Regional Partnership Council recognizes the importance of investing in young children and empowering parents, caregivers, and communities to advocate for services and programs within the region. A strong focus in the La Paz/Mohave Region is working with stakeholders at the community level to develop and improve strategies and help build an early childhood system that is responsive to local needs and priorities, comprehensive and coordinated.

Acknowledgments

The First Things First La Paz/Mohave Regional Partnership Council owes special gratitude to the agencies and stakeholders who participated in numerous work sessions and community forums throughout the past four years. The success of First Things First is due, in large measure, to the contributions of numerous individuals who consistently give their time, skill, support, knowledge and expertise.

To the current and past members of the La Paz/Mohave Regional Partnership Council, you are the heart and soul of First Things First. Your insight and extreme passion have guided our effort to make a difference for young children and families within the region. Our continued work together will further aid in building a truly comprehensive early childhood system for the betterment of young children.

Our gratitude is also given to the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report. In addition, our grantees: Child and Family Resources, Inc., Social Services Interagency Council of Lake Havasu, Mohave County Department of Public Health, Arizona's Children Association, Yuma Community Food Bank, Salvation Army Kingman Corps, Kingman Area Food Bank, the Learning Center for Families, the Association for Supportive Child Care, Milemarkers Therapy, River Cities Community Clinic, Mohave County Superior Court, Littlefield Unified School District, Topock Elementary School District, E.Q. Scholars Inc., Mohave Valley Elementary School District, Bullhead Elementary School District, Lake Havasu Unified School District, Bouse Unified School



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District, Southwest Human Development, Valley of the Sun United Way, United Way of Tucson and Southern Arizona, and the Fort Mojave Indian Tribe, are our partners and allies in advancing the early childhood movement in La Paz and Mohave Counties and we are honored to work alongside them. We'd also like to thank all the individuals throughout the region who took the time to talk and meet with us to provide information for the 2012 Needs and Assets Report. This input was invaluable to understanding the needs and assets of young children and their families throughout the La Paz/Mohave region.

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Executive Summary

Geographically, the La Paz/Mohave Region consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Reservation. The Region covers nearly 17,000 square miles, with its northern end separated from the rest by the Grand Canyon. The communities of the Region are diverse in population density and in demographics and are often isolated by large areas of unpopulated land. Services are concentrated in larger places such as Bullhead City, Kingman and Lake Havasu in Mohave County and Parker in La Paz County.

The 2010 US Census counted 211,367 residents of the La Paz/Mohave Region, of whom 13,395 were children under the age of six. About one in every ten households in the Region had a child or children under six. This rate varied substantially by community, however, ranging from 3 (in Quartzsite) to 68 percent (in Colorado City) of households with a young child.

In the last decade, the population of young children in both counties has grown at a slower rate than the state as a whole. In 2010, there were 1,784 more young children in Mohave County than there had been in 2000. La Paz County saw little change in its young population; there were 1,195 children under six in 2000 and 1,227 in 2010. There has been substantial variation within communities, however, with some showing a large increase in their young child population, suggesting a need for increased services to families in those areas.

About 60 percent of children under six in the Region live with both parents, and nearly one in three lived in a single-female headed household. Across the Region, 14 percent of children were living in their grandparents' household. In the Dolan Springs community specifically, approximately one in three children were living with their grandparents.

Although only 15 percent of the population across the Region identifies as Hispanic, and only one percent as American Indian, there is great variability in ethnic diversity in communities, especially among the population of young children. For instance, about 32 percent of the population on the Fort Mojave Indian Reservation report being American Indian, and two-thirds of the children enrolled in elementary school in Wenden and Littlefield are reported as Hispanic. Bilingual households are common but not frequent across the Region. In 12 percent of all households in Mohave County—and 15 percent of those in La Paz County—a language other than English is spoken. Most, but not all, of these households contain at least one adult who also speaks English well.

Many residents across the La Paz and Mohave Counties face economic challenges. Compared to the state as a whole, the Region's families face higher rates of poverty, unemployment, and lower adult educational attainment. According to the 2010 U.S. Census, the median incomes for families in both counties (\$36,446 in Mohave and \$33,818 in La Paz) are considerably lower than the statewide median of \$46,787 per year. According to estimates from the American Community Survey (averaged over the five years from 2006 to 2010), the estimated poverty rates for children under six (28% in Mohave, 43% in La Paz) are higher than the statewide rate of 24 percent. The poverty rates are likely to be higher when the economic downturn is taken into account. Unemployment varies widely across the Region, from a low of 7 percent in

Colorado City/Centennial Park to a high of 23 percent in Dolan Springs as of July 2011. Home foreclosure rates in Mohave County have tended to be high, nearly twice the statewide foreclosure rate in some communities. Key informants noted that homelessness services for families are limited in the area, and the number of children reported to be receiving services is substantially lower than the numbers of homeless school-age children reported by districts in the Region.

Consistent with this higher rate of economic disadvantage, families in the Region utilize more social service programs than families state-wide. Over half of the Region's children under six received Supplemental Nutrition Assistance Program (SNAP) benefits in July 2011, and 3 percent received Temporary Aid to Needy Families (TANF). The Women, Infants and Children (WIC) nutrition program is the most utilized social service, with approximately two-thirds of children under five in Mohave County participating. Additionally, the majority of the Region's school-age children were eligible for the Free and Reduced Lunch program, with many schools showing eligibility rates higher than 80 percent.

Compared to the rest of the state, the La Paz/Mohave Region lags behind in the educational attainment of its adults. A greater proportion of adults in both counties (23% in La Paz, 17% in Mohave) lack a high school education, compared to the state (15%). A substantially lower proportion in each county have a four-year college degree (9% in La Paz, 12% in Mohave), than across the state (26%). This limits employment opportunities for many in the Region, and may have an impact on the literacy opportunities made available to some children in the home.

There is capacity for under one-third of the population of children in the 86 licensed child care centers and homes and the 11 local educational authority preschools that serve the Region. Eleven child care centers and one home based program were enrolled in First Things First's Quality First program that supports improving access to high quality care. Key informants reported the cost of child care as being one of the largest barriers to child care access in the Region; the average estimated cost of child care exceeds the Department of Health and Human Services recommendation that families spend no more than 10 percent of their income on child care. Qualitative data indicate that families often turn to relatives and neighbors (kith and kin) for child care, particularly in smaller communities.

Access to health care is problematic for the La Paz/Mohave Region, with all but the area around Lake Havasu City being designated as Arizona Medically Underserved Areas. The larger communities are served by hospitals and community health clinics, and local health clinics provide services in outlying communities. However, there are few pediatricians and few pediatric dentists, even in the larger communities. The infant mortality rate is higher in the Region than in the state as a whole, as is the rate of teen-age births, though the birth rate for younger teens (10-17) has been falling. Nearly one out of four of the Region's residents are enrolled in the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) and the percentage of uninsured births is about 3 to 4 times the state percentage (17% in Mohave and 12% in La Paz, compared to 4% statewide).

Behavioral health services are increasingly being recognized as a necessary component to children's overall health and wellbeing. Key informants and community focus group participants often cited drug use a key area of behavioral health needs for many young families, noting its implications for family disruption and family poverty. Data from the Arizona Department of Health Services suggest that drug abuse is a growing challenge in Mohave County, as deaths from accidental drug poisoning (overdose) more than doubled from 2007 to 2009.

Key informants noted that lack of parent awareness of developmental milestones for young children and of their importance contributes to a failure to identify, seek and/or follow-up on services for developmental delays in their children. Even when delay is diagnosed, key informants in the Region identified a lack of available therapeutic services for children with special health care needs. The lack of access to care is a combination of an absence of providers, the need to travel long distances to obtain services, and the untenable cost of some services. A barrier to care in some cases is state licensing requirements, which can make it difficult or impossible for a child living in Arizona to receive care from nearby therapists in bordering states of Utah, Nevada, or California. In addition, there are few appropriate special educational placements for very young children, and limited staff with expertise in special education.

Although the challenges to providing comprehensive, high quality early childhood development and health services across this large, diverse Region are many, there are substantial assets in the region, as well, including a growing recognition of the importance of service and system coordination in such a dispersed geographic area. Finding innovative ways to identify resources, integrate services, and communicate with families has been and will continue to be a goal of the La Paz/Mohave Regional Partnership Council and their partners in the Region as they strive to improve the health, well-being and educational readiness of the young children in their area.

Who are the families and children living in the La Paz/Mohave Region?

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and findings from additional data collection that was conducted specifically for this report. Because community-level information in rural areas is sparse, the La Paz/Mohave Regional Council sought additional detailed data gathering, analysis and reporting at the community level in order to provide a more complete “picture” of the Region. Fifteen geographic areas within the La Paz/Mohave Region were identified by the Regional Council as focus areas for additional data collection and analysis. To be consistent with First Things First designations, and to provide a common data gathering metric, these areas were designated by zip code, with a number of zip codes combined for each community to allow for more stable estimates than those provided by a single zip code. **Appendix xx** provides a list of those communities and their associated zip codes. Secondary data were collected from federal sources, and state and community agencies, and were supplemented by primary data gathered from key community informants through community forums and individual interviews. **Appendices xx to xx** provide a summary of the qualitative data collected from each of the fifteen communities¹. Each individual who participated in data collection efforts was considered a local stakeholder, knowledgeable of the needs and assets of the community. Hence, throughout the body of this report we will use the term “key informant” to refer to these individuals, whether they participated in one-on-one interviews or community forums.

Fact sheets were developed for each of these communities, based on the available data. These are included in **Appendices xx-xx**. Due to the smaller numbers on which these fact sheets were developed, the information contained in them is less robust than the estimates based on larger areas, such as the Region or the counties. Therefore, it is important to look at the pattern of indicators in a community, rather than any single indicator. In addition, because they are based on zip codes, *the estimates often do not directly correspond to other smaller area estimates, such as census incorporated areas*. However, these more community-based data give important information about the variability across the Region. For the purpose of this report, we will primarily provide the more stable estimates available at the Region, but will highlight important community variations where warranted.²

General Population Trends

First Things First regional boundaries were established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services

¹ **Appendices xx through xx** provide more detailed information about these data collection methods and instruments.

² Note that fact sheet data for the Parker community includes the Colorado River Indian Tribe.

- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data
- They provide flexibility for Tribal Nations to become their own Region, or to partner with one or more Regions in the geographic area

These guidelines were used to establish the La Paz/Mohave Region, which consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Tribe reservation (First Things First, 2010a). The Colorado River Indian Tribes and the Hualapai have each formed a Regional Partnership Council to administer their First Things First programs. The Fort Mojave reservation is part of the La Paz/Mohave Region, and the Kaibab reservation is part of the Coconino Region. The map below (Figure 1) shows the geographical area covered by the La Paz/Mohave Region.

Figure 1. The La Paz/Mohave Region. Gray areas are the Zip Code Tabulation Areas (ZCTAs) assigned to the region by First Things First



NOTES: ZCTA 86022, which includes the Cane Beds community and the Kaibab Reservation, is assigned to the Coconino Region. The majority of ZCTA 86434 lies in the Hualapai Reservation. Part of ZCTA 85344 lies in the Colorado River Indian Reservation.

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the La Paz/Mohave Region had a population of 211,367 in 2010, of whom 13,395 (6%) were children under the age of six. As seen below, Table 1 lists the 2010 populations for the Region, the state, both counties, and for the portions of each reservation which lie in one of the two counties.

Table 1. Population and households by area in the La Paz/Mohave Regional Partnership Council, 2010

	TOTAL POPULATION	CHILDREN 0 TO 5 YEARS OLD	NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
La Paz/Mohave Region	211,367	13,395	88,742	9,126	10%
La Paz County (entire)	20,489	1,227	9,198	822	9%
Colorado River Indian Tribes*	7,077	739	2,336	485	21%
Mohave County (entire)	200,186	13,218	82,539	8,981	11%
Fort Mojave Reservation*	1,004	89	370	63	17%
Hualapai Reservation	1,335	197	362	123	34%
Kaibab Reservation	240	35	79	23	29%

(*) Arizona part only

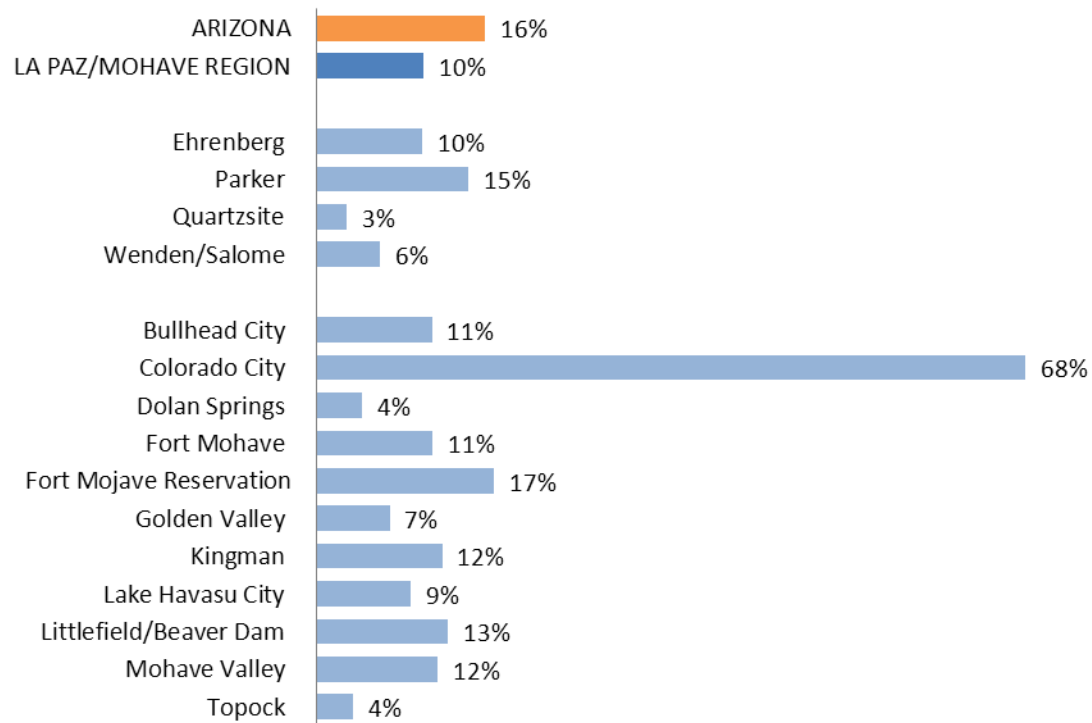
Source: US Census 2010, Tables P1, P14 & P20

Almost all of the children in Mohave County are included in the La Paz/Mohave Region. Only about two percent of the children under six in Mohave County are on the two reservations and other areas not included in this Region. In contrast, about 60 percent of the young children in La Paz County live within the Colorado River Indian Tribe Region. Therefore, whereas county-level estimates may be appropriate to use for the Mohave portion of the La Paz/Mohave Region when reservation-specific data are not available, the La Paz portion should, when possible, be adjusted down by Colorado River Indian Tribes (CRIT) numbers.

Overall, there are proportionately fewer households in the Region (10%) than in the State (16%) that contain young children. However, there is variation in the communities across the Region. Three communities in the Region have fewer than five percent of families with young children (Topock, Dolan Springs and Quartzsite), suggesting that these families may be particularly isolated. (See [Appendix XX](#) for more detailed information by Zip Code Tabulation Area.) In Dolan Springs, the small percentage of households with young children corresponds with a very high rate of children living in their grandparents' household (34%, over twice the statewide rate of 14%) suggesting that there may be particular need to support these types of families (see **Error! Reference source not found.**). Two communities (Fort Mojave Indian Tribe and Colorado

City/ Centennial Park) have a higher rate of families with young children than the State as a whole. Over two-thirds of the households in Colorado City/Centennial Park community report having at least one child between birth and five years of age.

Figure 2. Percent of households with children (0-5), by community



Note: In this figure, the Parker community includes the Colorado River Indian Tribes (CRIT).

More detailed population and household data by zip code tabulation area are available in [Appendix xx](#).

Figure 3(a) shows the geographical distribution of children under six in the Region, according to the 2010 U.S. Census. Similarly, Figure 3(b) shows the geographical distribution of children under six in a close-up view of Bullhead City. A dot on the map represents one child. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010.

Figure 3(a). Geographic distribution of children under six according to the 2010 Census (by census block). Each black triangle in the map on the right indicates the approximate location of a young child (ages 0-5)

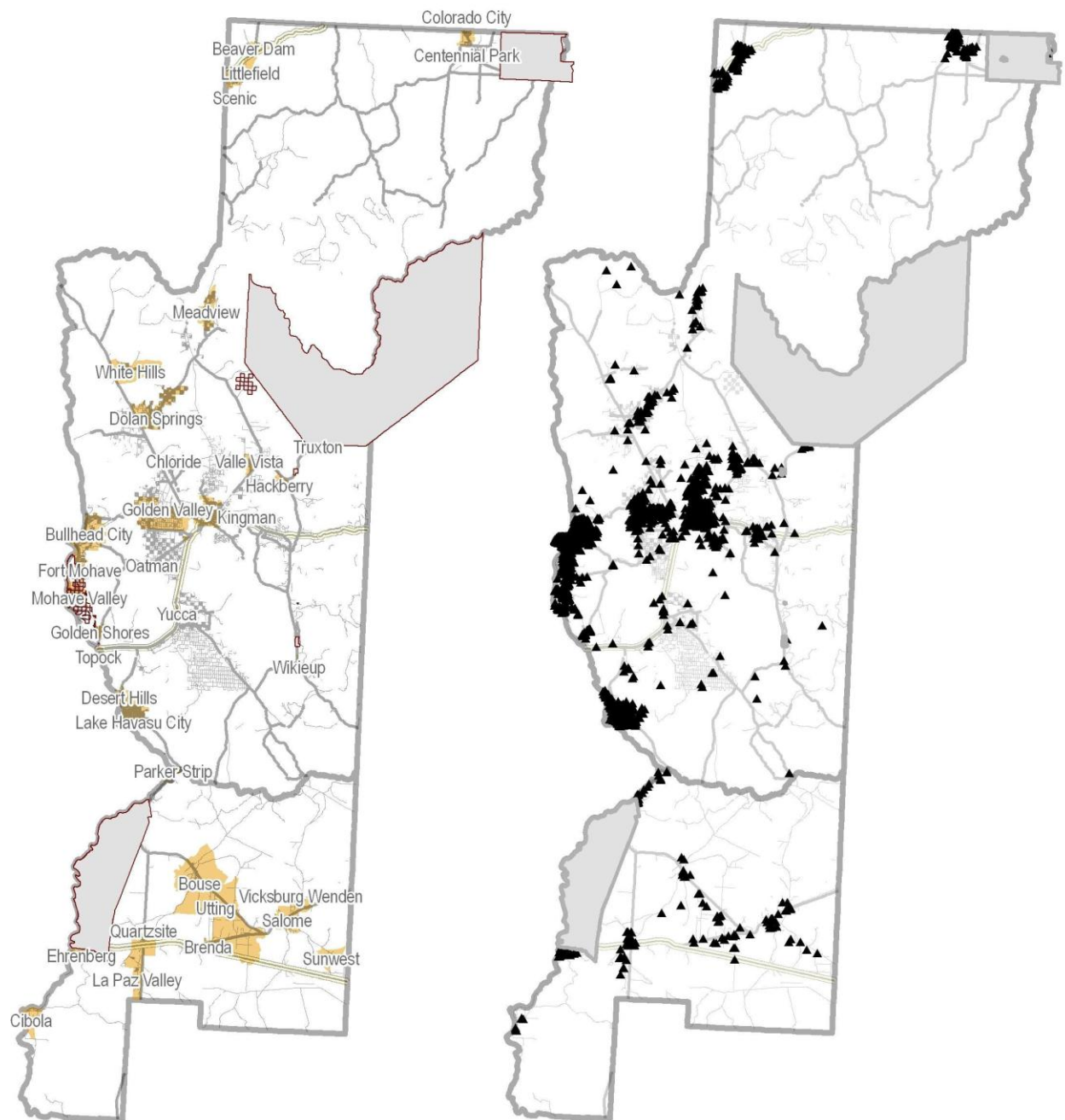


Figure 3(b). Geographic distribution of children under six according to the 2010 Census (by census block). This map is a close-up view of the Bullhead City area

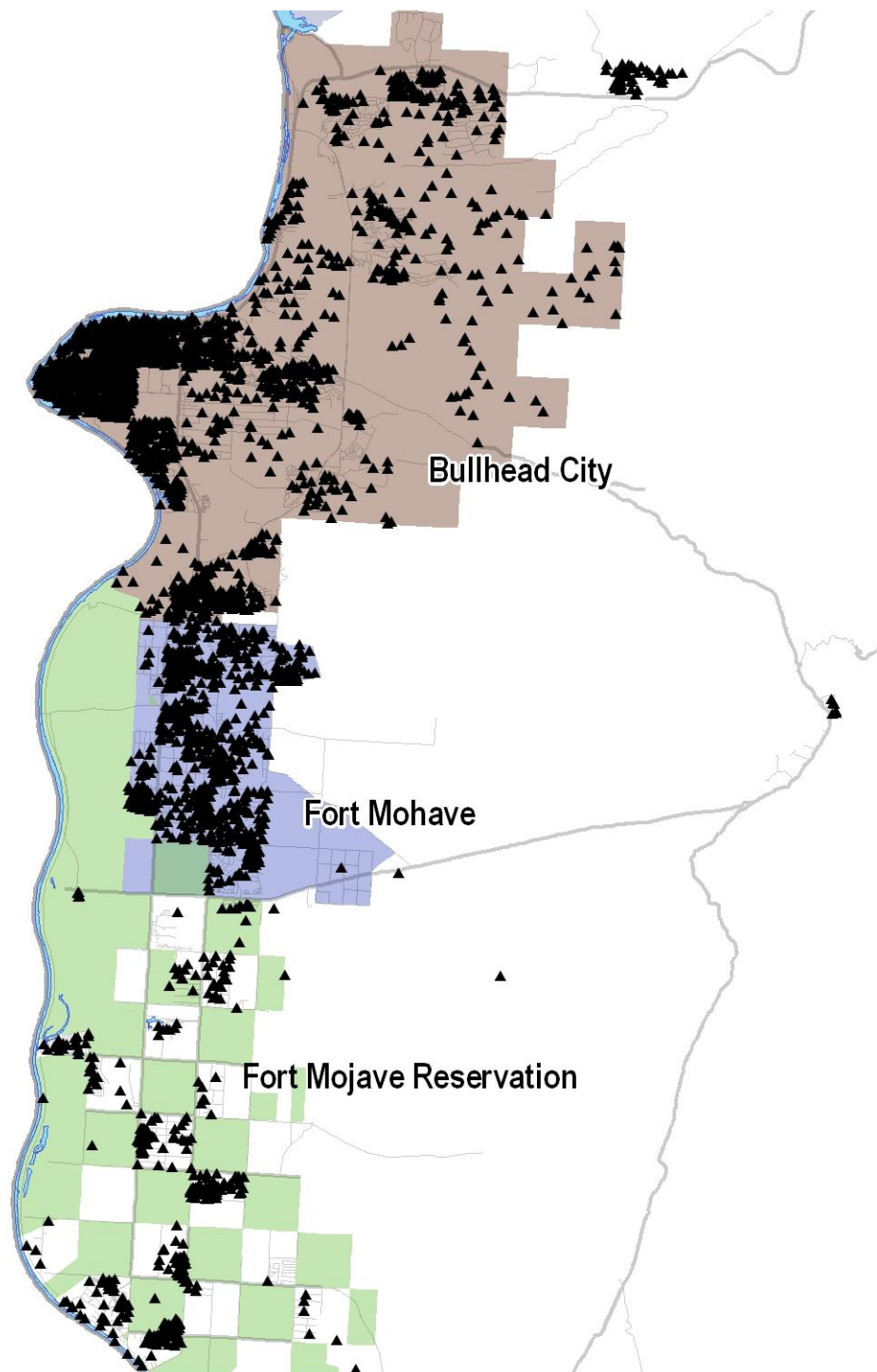


Figure 3(c). Geographic distribution of children under six according to the 2010 Census (by census block). This map is a close-up view of the Kingman area

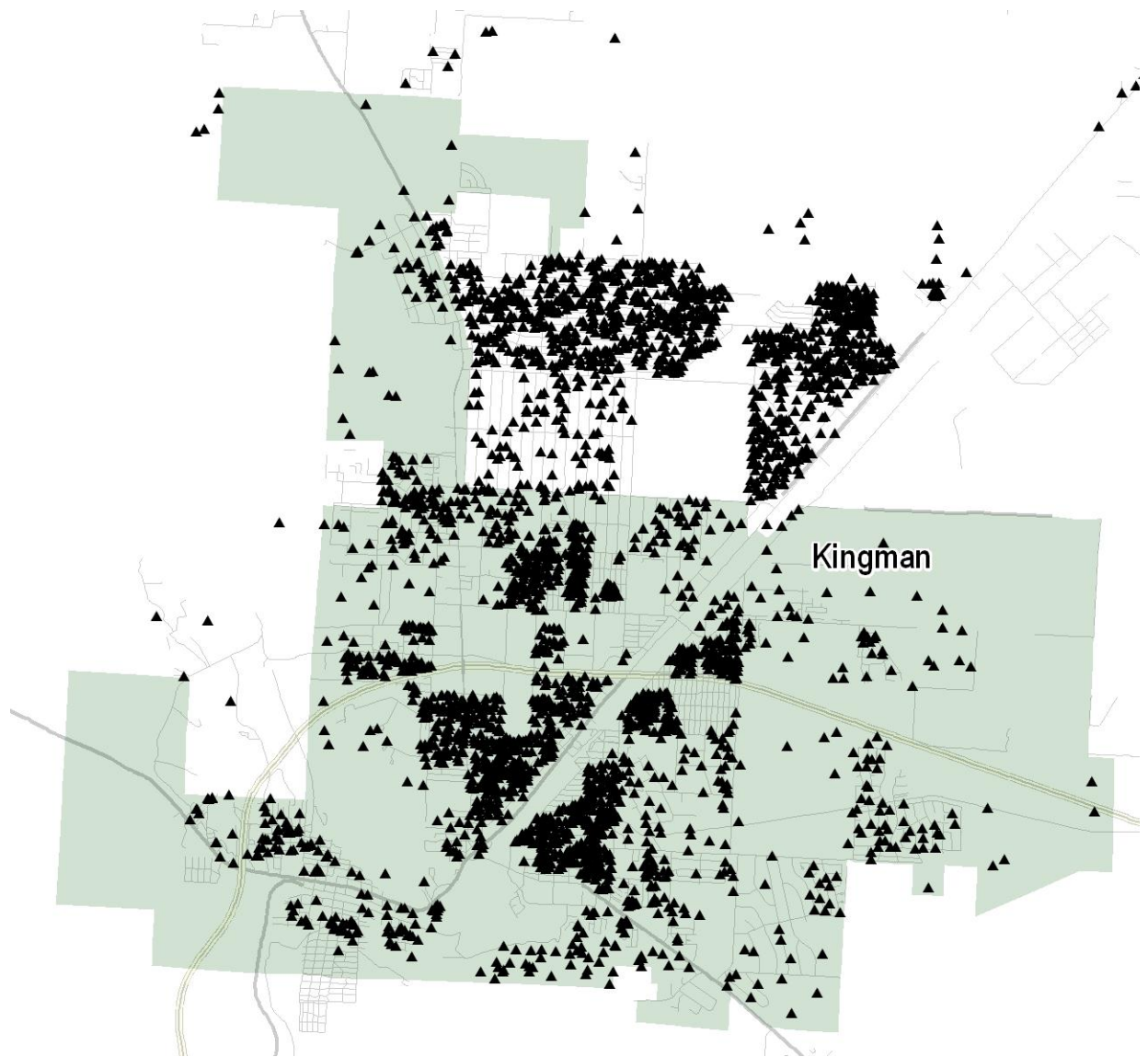
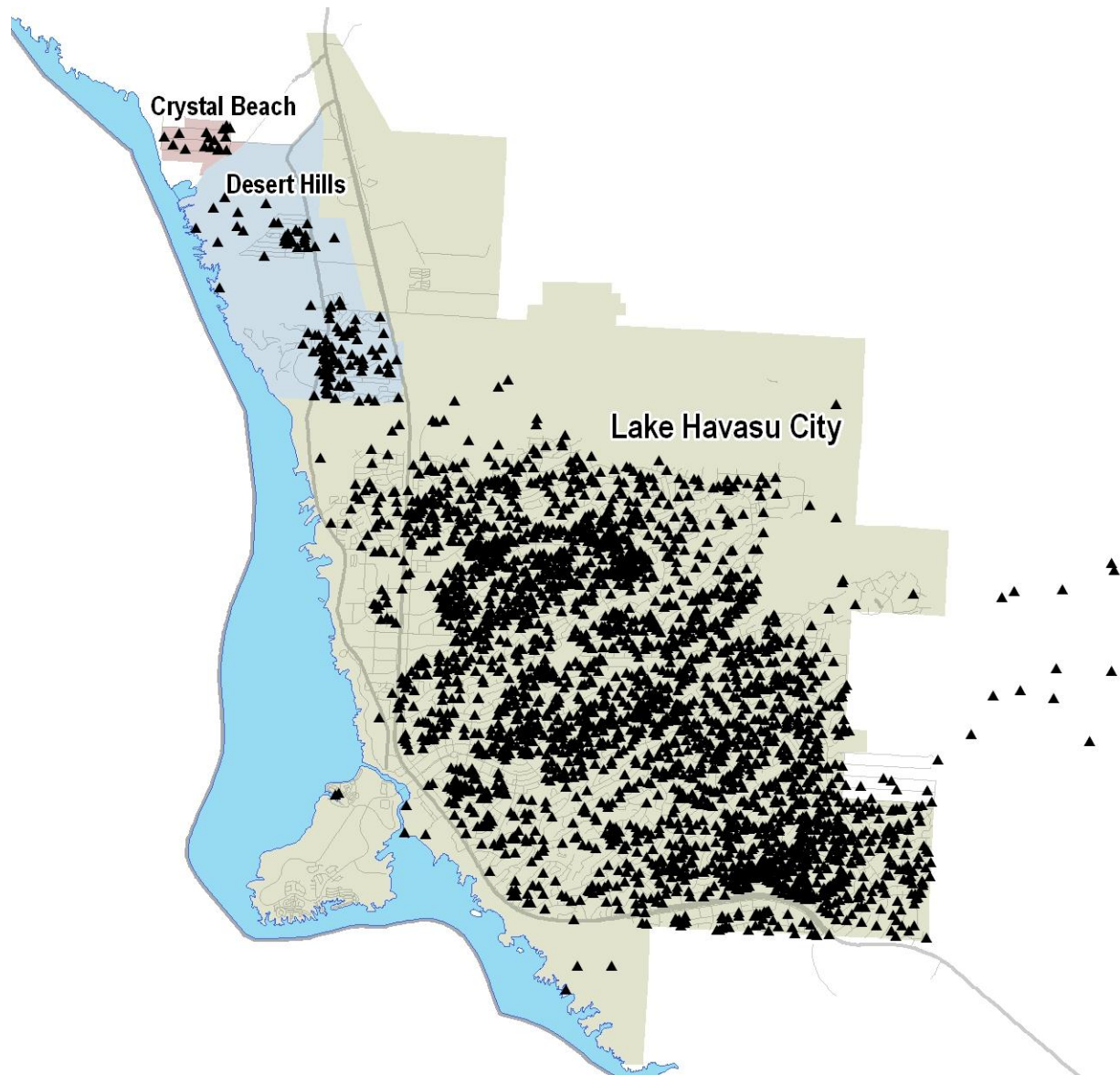


Figure 3(d). Geographic distribution of children under six according to the 2010 Census (by census block). This map is a close-up view of the Lake Havasu City area



Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations have changed over time, the most accurate comparison of population change is at the county and incorporated places level.³ Table 2 shows changes in population between the 2000 Census and the 2010 Census.

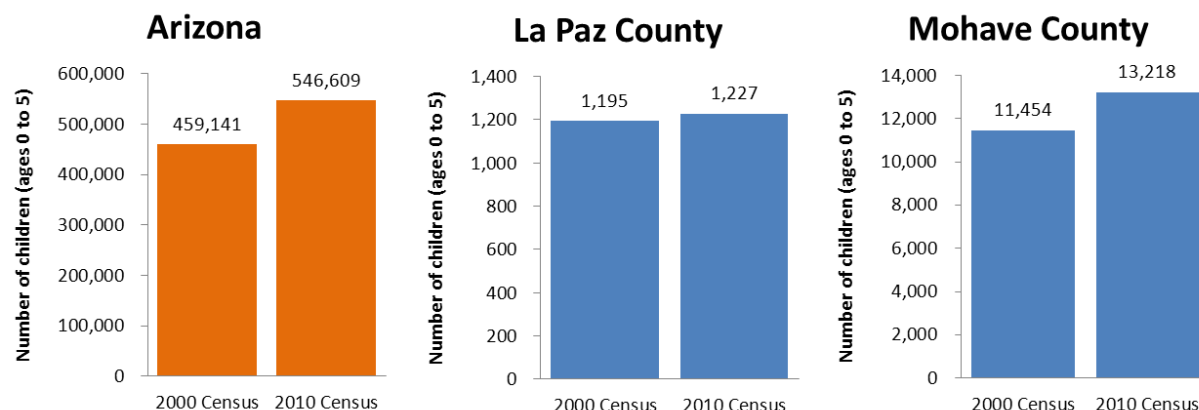
Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010, including incorporated areas

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
La Paz County (entire)	19,715	20,489	+ 4%	1,195	1,227	+ 3%
Quartzsite	3,354	3,677	+ 10%	52	90	+ 73%
Parker	3,140	3,083	- 2%	294	285	- 3%
Unincorporated La Paz County	13,221	13,729	+ 4%	849	852	+ 0%
Mohave County (entire)	155,032	200,186	+ 29%	11,454	13,218	+ 15%
Lake Havasu City	41,938	52,527	+ 25%	2,399	2,842	+ 18%
Bullhead City	33,769	39,540	+ 17%	2,645	2,554	- 3%
Kingman	20,069	28,068	+ 40%	1,562	2,133	+ 37%
Colorado City	3,334	4,821	+ 45%	817	1,185	+ 45%
Unincorporated Mohave County	55,922	75,230	+ 35%	4,031	4,504	+ 12%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

Note: In this table, the Colorado River Indian Tribes (CRIT) is included in La Paz County.

³ Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

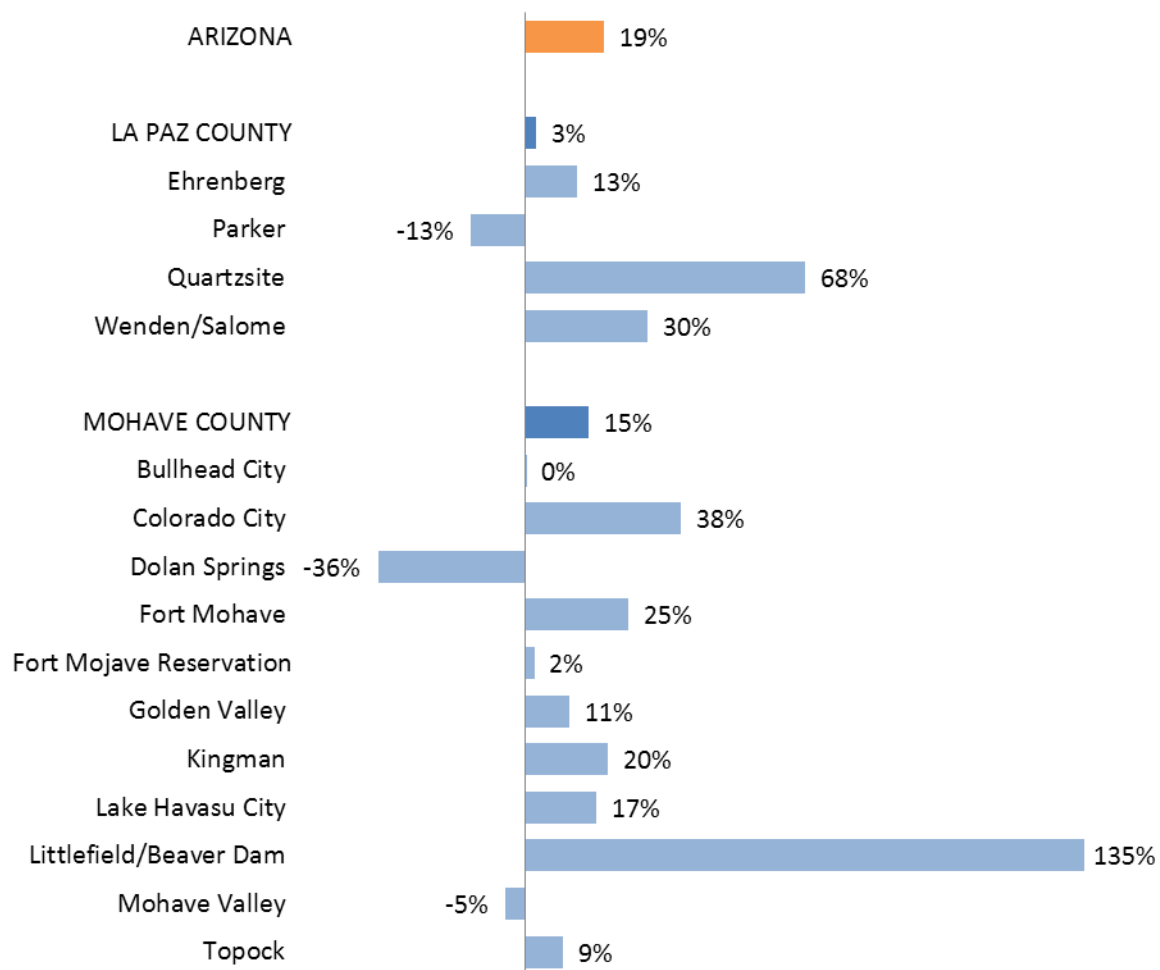
Figure 4. Population change for children 0-5 in Arizona and by county

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

The population in La Paz County has grown considerably less than the state as a whole, largely because of a decrease in the population of Parker. However, some of the smaller communities have shown a substantial increase in their population of young children in the past ten years (e.g. Wenden/Salome by about one-third, and Quartzite by over two-thirds). Although these numbers are small relative to the county, they are proportionately large in those areas, and so will have increased the need for services and developmental opportunities in those communities.

Although the population of young children in Mohave County has grown at a somewhat lower rate than the state as a whole, there is substantial variation across communities in that county, as well. Some areas of the county have remained essentially static (Fort Mojave Indian Tribe, Mohave Valley and Bullhead City), and some have grown in line with the state rates. There have also been some substantial shifts, however. The population of young children in Dolan Springs has decreased by about one-third, while Colorado City/Centennial Park has grown at twice the rate as the rest of the State, and the Little Field/Beaver Dam area has seen their population of young children more than double in ten years.

Figure 5. Increase or decrease in children (0-5), 2000 to 2010, by community



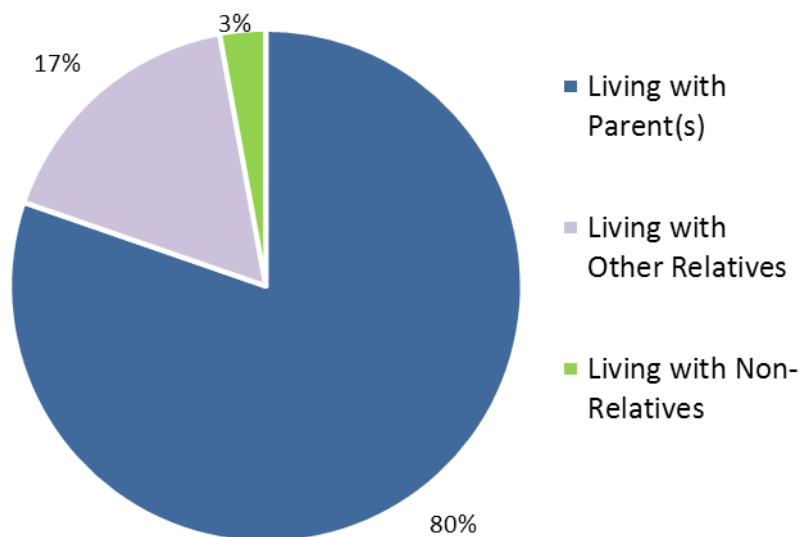
Source: US Census, 2000 and 2010.

Note: Children living on the Colorado River Indian Reservation are included in the data for Parker.

Additional Population Characteristics

In the La Paz/Mohave Region, about 80 percent of children birth to five years of age are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). The majority of the 20 percent of children not with parents are living with other relatives (such as grandparents, uncles, or aunts) (2,250 children, 17%). This distribution is similar to that of the state as a whole (81% and 17%, respectively).

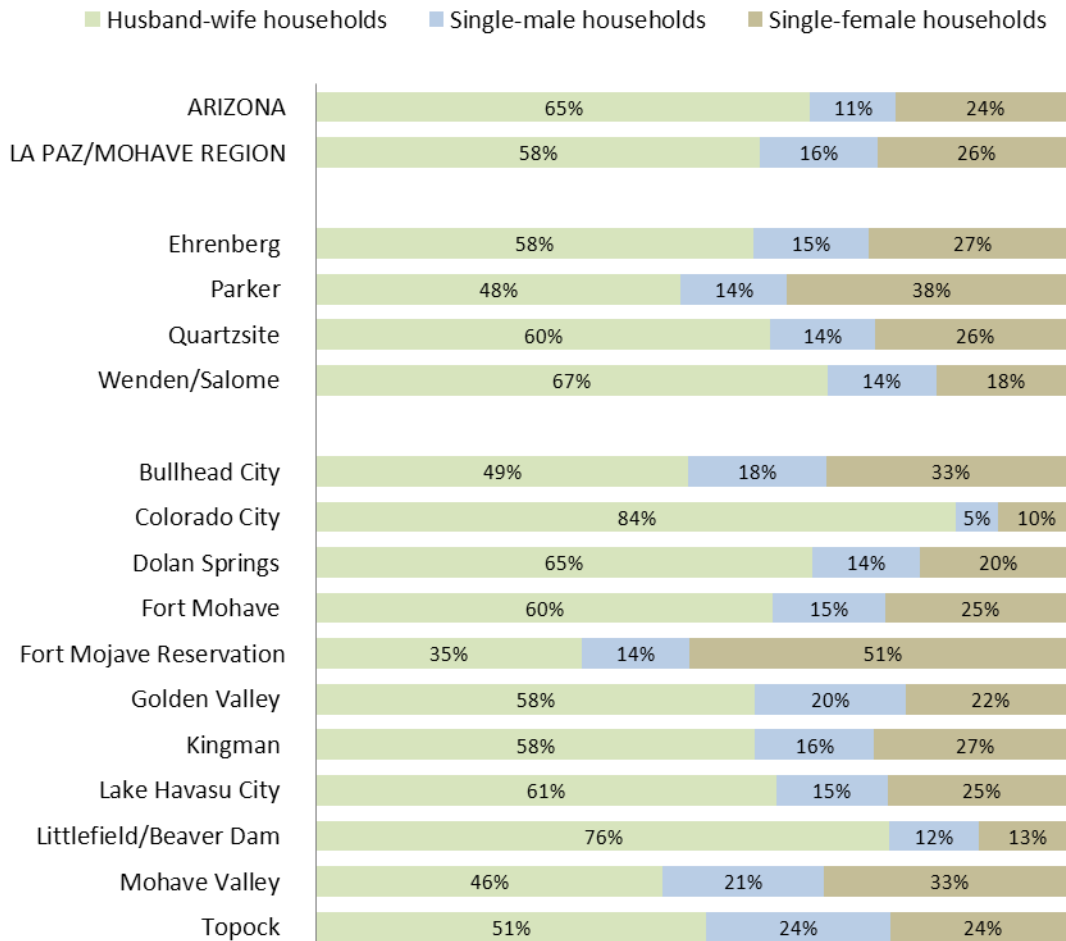
Figure 6. Living arrangements for children in the La Paz/Mohave Region



Source: U.S. Census 2010; Tables P41 & PCT14

Based on US Census, American Community Survey, 5-year estimates (2005-2009), roughly one-third (27%) of young children are living in a single parent household in Mohave County and almost 40 percent (37%) in La Paz County. This is higher than the statewide estimate of 24 percent.

Based on Census 2010 data, there is considerable variability in the types of households that children are living in across the Region. Relative to the state rates, some communities have higher rates of single female-headed households (e.g., the Fort Mojave Indian Tribe), higher rates of single-male headed households (e.g., Golden Valley, Topock), or both (Bullhead City, Mohave Valley).

Figure 7. Types of households with one or more children under six years old

Source: US Census, 2010.

Note: In this figure, the Parker community includes the Colorado River Indian Tribes (CRIT).

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent's household. About 50 percent of grandparents with a child living in their household are estimated to be responsible for caring for their grandchildren, according to the American Community Survey. In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household. The Arizona Children's Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁴

⁴ Children's Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

The percentage of grandparents caring for grandchildren varies substantially across Arizona. In the La Paz/Mohave Region, over 1,900 children 0-5 (14%) are living in a grandparent's household. This is the same as the statewide rate (14%) and is about the same in both La Paz and Mohave Counties (see **Error! Reference source not found.** below). The proportion of households with three or more generations in La Paz/Mohave (3%) is slightly less than the statewide proportion (5%).

Table 3. Number of children living in a grandparent's household, and number of multi-generational households

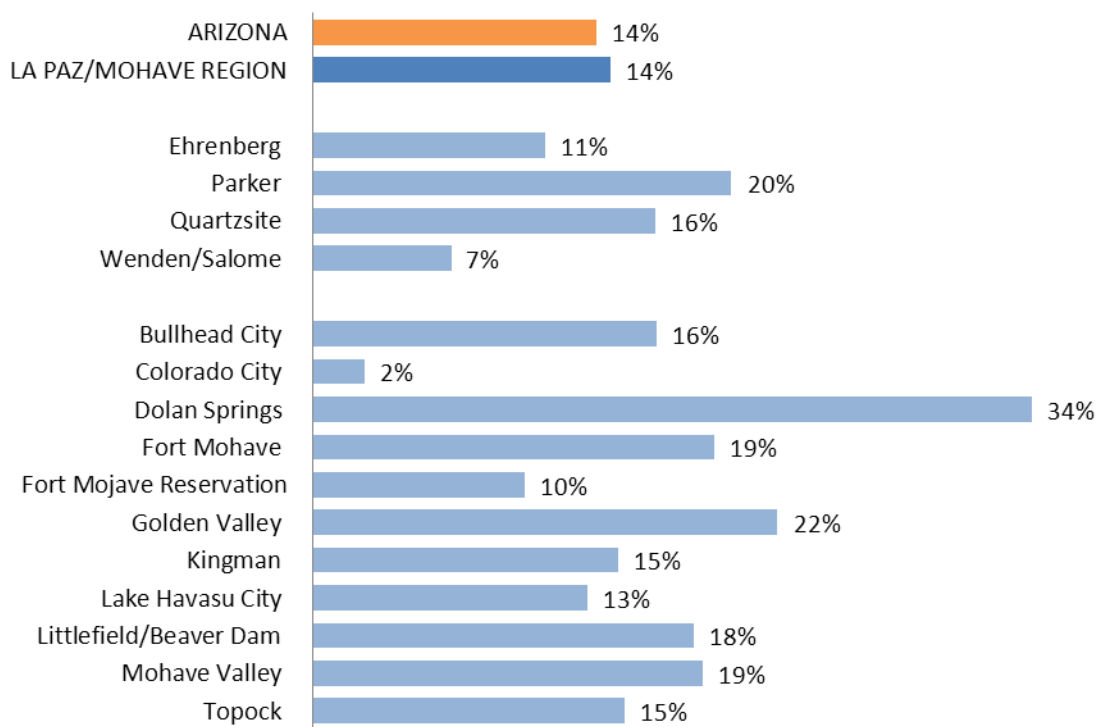
GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
La Paz /Mohave Region	13,395	1,903	14%	88,742	3,095	3%
La Paz County (entire)	1,227	202	16%	9,198	270	3%
Mohave County (entire)	13,218	1,895	14%	82,539	3,062	4%

Source: U.S. Census 2010; Tables P41 & PCT14

Note: "Households with three or more generations" includes all households, not just those with young children.

Additional detailed information about multi-generational households and the number of children living in a grandparent's household by zip code tabulation area is available in Appendix **XX**.

Although the rates of children in the Region living with their grandparents are similar to the state rates overall, there is considerable variability across communities, with particularly high rates seen in the communities in the outskirts of Kingman (Dolan Springs and Golden Valley). Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, poor economic situation, physical or mental illness, substance abuse, incarceration, or because of domestic violence in the family (Pinson-Millburn, Fabian, Schlossberg & Pyle, 1996; Minkler & Fuller-Thomson, 1999; Leder, Grinstead, Torres, 2007). Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren (see *Behavioral Health*, on page 82).

Figure 8. Percent of children (0-5) living in their grandparent's households

Note: In this figure, the Parker community includes the Colorado River Indian Tribes (CRIT).

Overall, 80 percent of the people living the Region identified themselves as White, not Hispanic (U.S. Census Bureau, 2010). Of the rest, most (15%) identified as Hispanic or Latino (of any race). Very few (1-2%) identified as American Indian, Black, Asian, or Other. However, there is great variation among some of the communities in the Region in terms of race and ethnicity. A detailed table of race and ethnicity of the La Paz/Mohave Region by zip code tabulation area can be found in Appendix XX.

Table 4. Race and ethnicity by community

GEOGRAPHY	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
ARIZONA	6,392,017	30%	58%	4%	4%	3%	2%
La Paz/Mohave Region	211,367	15%	80%	1%	1%	1%	2%
La Paz County	20,489	23%	63%	1%	11%	0%	2%
Ehrenberg	1,482	32%	63%	1%	1%	1%	2%
Parker	9,147	31%	44%	1%	21%	1%	3%
Quartzsite	4,423	7%	90%	0%	2%	0%	1%
Wenden/Salome	3,547	23%	74%	1%	1%	0%	1%
Mohave County	200,186	15%	80%	1%	2%	1%	2%
Bullhead City	40,655	24%	71%	1%	1%	2%	2%
Colorado City	6,085	2%	98%	0%	0%	0%	0%
Dolan Springs	2,224	11%	85%	1%	1%	1%	2%
Fort Mohave	13,863	16%	79%	1%	1%	2%	2%
Fort Mojave Reservation (Arizona part)	1,004	25%	39%	0%	32%	0%	3%
Golden Valley	12,103	14%	80%	2%	1%	1%	2%
Kingman	51,239	12%	83%	1%	1%	1%	2%
Lake Havasu City	55,808	12%	84%	1%	1%	1%	1%
Littlefield/Beaver Dam	3,933	34%	63%	0%	1%	1%	1%
Mohave Valley	6,906	18%	71%	0%	7%	1%	3%
Topock	2,104	8%	89%	0%	1%	1%	1%

Note: The 15 communities are defined by zip code in Appendix **XX**

Source: U.S. Census 2010; Table QT-P4

School enrollment data can provide a perspective of the differences in ethnic breakdown among the youngest segment of the population in the Region. For instance, in the Wenden-Salome zip code areas, where 74 percent of the population identifies as White, the Salome Elementary School reports that 71 percent of the students enrolled are Hispanic, and the Wenden Elementary School reports an even higher proportion of Hispanic students (84%). In

contrast, the Bouse Elementary School reports that 72 percent of its students identify as White and 26 percent as Hispanic. All of these schools are located in what is known in La Paz County as the 'outlying communities,' which are 35 miles or less apart from each other.

In the Quartzite area, although the overall population is 90 percent White

), only 46 percent of the students served in the Quartzite Elementary District (which also encompasses the Ehrenberg community) are White. A similar pattern is seen in Littlefield/Beaver Dam, where the majority general population is White (63%), but the Littlefield Elementary School serves a majority of Hispanic students (66%).

The *Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona* (Larson, 2008) attempts to estimate the population of migrant and seasonal farmworkers⁵ in Arizona based on data from a variety of sources. The estimates from this report are shown in

.

Although La Paz County has a much smaller population than Mohave County (Table 1) its population of migrant and seasonal farmworkers is substantially larger, with 2,732 estimated migrant and seasonal farmworkers in La Paz County and only 171 in Mohave County (

). In fact, La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties). In addition, based on the data available, there are an estimated 1,035 migrant and seasonal farmworkers in the bordering Colorado River Indian Tribes Region, with an estimated 167 children 0 to 5 years of age in these households. This reflects the importance of agriculture as one of the main economic activities in the county (Arizona Department of Commerce, 2009a).

Although the U.S. Census attempts to count all persons, it is not clear whether the entire migrant and seasonal farmworkers population can be assumed to be included in the 2010 Census counts. Nevertheless, note that for Mohave County the estimate of children 0 to 5 associated with migrant and seasonal farmworkers households is small (28, less than 1%;

) compared to 13,218 children 0 to 5 in Mohave County as a whole (Table 1). Whereas, in La Paz County the number of children 0 to 5 in migrant and seasonal farmworkers families is large (442, 36%;

) compared to 1,227 children 0 to 5 in La Paz County as a whole (Table 1). Fourteen percent of children in the Wenden Elementary School are classified as migrant students (ADE Preschool and Elementary Needs, 2011).

⁵ The Enumeration Study uses the Migrant Health Program's definition of seasonal farmworker as: "An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months." The definition of a migrant farmworker is essentially the same, but includes that the farmworker "established for the purposes of such employment a temporary abode" (Larson, 2008).

Table 5. Estimated number of migrant and seasonal farmworkers, their families, and children 0 to 5 years of age in La Paz and Mohave counties

	MIGRANT AND SEASONAL FARMWORKERS (MSFW)	NON-FARMWORKERS IN THESE HOUSEHOLDS	TOTAL NUMBER IN MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0 TO 5 IN MSFW HOUSEHOLDS
La Paz & Mohave counties	2,903	2,485	5,388	470
La Paz County	2,732	2,339	5,071	442
Mohave County	171	146	317	28
Colorado River Indian Tribes	1,035	886	1,921	167

Source: Larson, A.C. (2008) Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona

Data about language use in the region support the emerging picture that families in the Wenden-Salome area are likely to need additional supports in Spanish. About one in five residents in that community report speaking English less than “very well” (Census 2010) and households in that area are about twice as likely as those statewide to be linguistically isolated (having no adult in the home who speaks English very well) (

Table 6). In Mohave County, families are most likely to be linguistically isolated in Dolan Springs and Littlefield/Beaver Dam, where Spanish is spoken in the home by proportionately more people than statewide.

Table 6. Language use in the La Paz/Mohave Region

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	5,783,756	73%	21%	2%	2,326,468	27%	6%
La Paz County	19,514	82%	15%	1%	10,158	15%	4%
Parker	2,904	71%	28%	1%	1,214	28%	5%
Quartzsite	3,653	99%	-	-	2,173	1%	0%
Mohave County	187,628	89%	9%	0%	80,361	12%	2%
Bullhead City	37,787	83%	14%	0%	17,040	17%	4%
Colorado City	3,984	99%	1%	-	632	1%	0%
Kingman	25,696	92%	7%	0%	10,622	11%	1%
Lake Havasu City	49,672	90%	7%	0%	22,551	10%	1%
Fort Mojave Reservation (entire)	1,474	82%	11%	3%	577	27%	3%

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

SOURCE: ACS 2006-2010, Tables 16001 & 16002

Results from interviews with key informants in the region indicate that there is a need for targeted services for Spanish-speaking Hispanic and farmworker families, especially in the outlying communities in La Paz County (e.g., Wenden and Salome) and in communities such as Dolan Springs and Littlefield/Beaver Dam in Mohave County. English as a second language (ESL) classes as well as adult literacy education opportunities are much needed in these areas (key informants noted that some parents do not read or write in Spanish). Wenden Elementary School tried to offer ESL classes through Arizona Western College. However, the timing of the classes and the fact that a cost was associated with enrollment resulted in low take up and elimination of this effort. Besides, an informant highlighted that Spanish speaking parents in these communities would benefit most from conversational English lessons. Many of these parents have low levels of formal education: “They are afraid of formal classes,” this informant said. “And lack of English proficiency is a big challenge. Parents would feel more comfortable in the school if they could communicate with the staff. Improved English ability would also allow them to help their children with homework assignments.” “Currently,” another informant pointed out, “the children in the community are our translators.”

Although the exact number is unknown, both key informants indicated that many of the Hispanic residents in these communities are undocumented. There is a lot of fear about a possible encounter with immigration authorities that might end in their deportation, especially

in the outlying communities in La Paz County. Key informants have reported that these fears often inhibit families from seeking services they may be entitled to and accessing local resources like the community center and library.

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children's Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly. In 2010, the bottom 60 percent of Arizonans (as measured by median household income) earned only 28 percent of the state's income, while the top 20 percent earned 49 percent.⁶ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country, with over 1 in 4 children living at the poverty level.⁷

According to the American Communities Survey, the percentage of people of all ages living in poverty in Mohave County was about the same as the state as a whole, though the level of children birth to five in poverty was somewhat higher (28% compared to 24%;

Table 7). In La Paz County, however, the percentage of young children living in poverty is considerably higher than the statewide percentage (43% compared to 24%).

There is variability in poverty rates across the Region, with rates lower than the State rate in the two most populous towns (Kingman and Lake Havasu City) which provide more economic opportunities. The higher rates of young child poverty rates in Bullhead City likely reflect the income disparity between single-female headed households and other households in an area with high teen pregnancy rates. The high rate of poverty in Colorado City relative to the median income level reflects the large family sizes in the Region (with an average household size of 7.8 compared to the state rate of 2.7)

⁶ The Arizona Children's Action Alliance *Income Disparity in Arizona*. Newsletter received October 26th, 2011.

<http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

⁷ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Table 7. Median family annual income and persons living below the U.S. Census poverty threshold level, incorporated areas

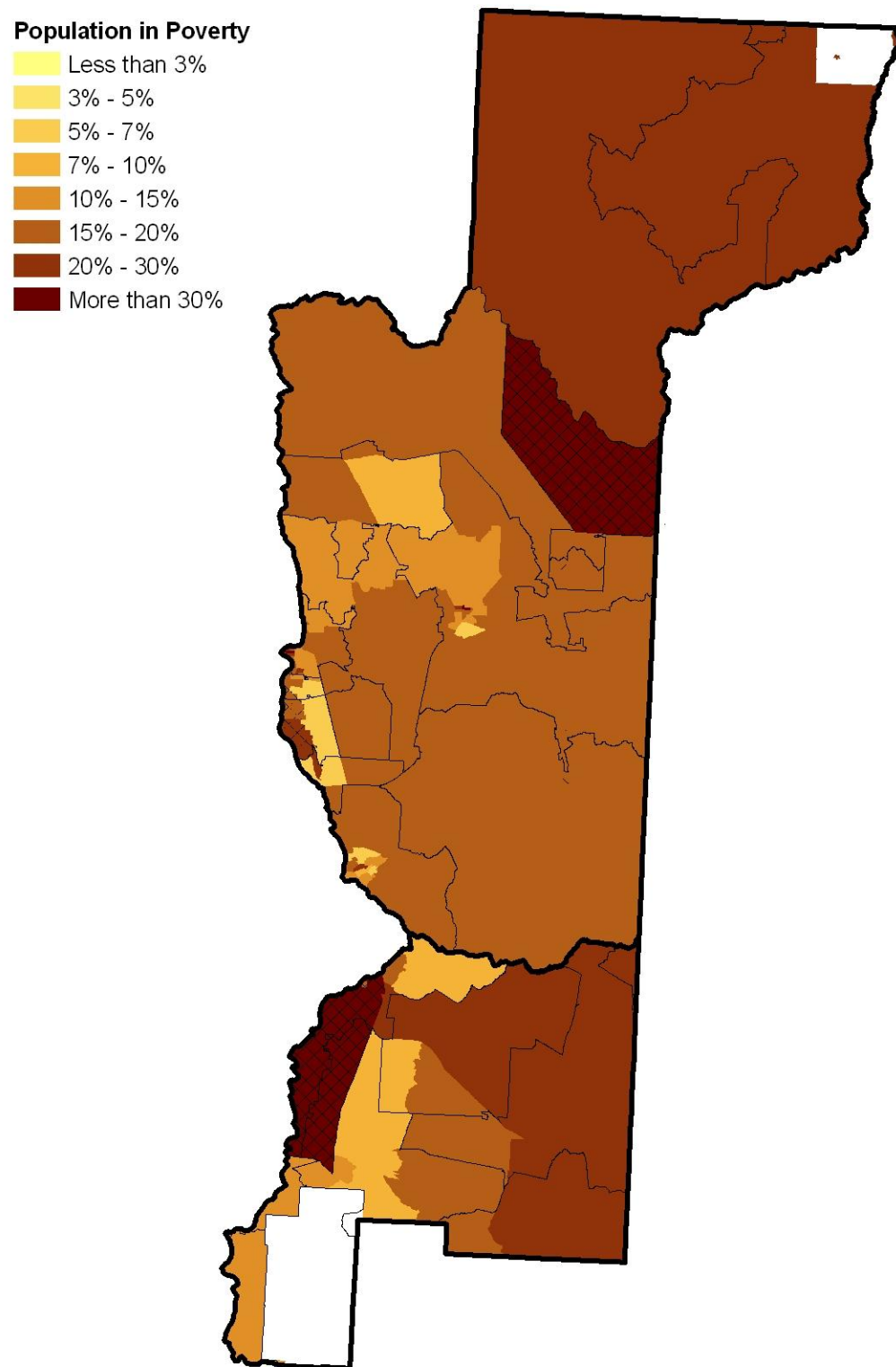
GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	15%	24%
Mohave County	\$47,530	16%	28%
La Paz County	\$37,721	20%	43%
Bullhead City	\$42,993	21%	47%
Colorado City	\$44,464	35%	36%
Kingman	\$50,357	13%	21%
Lake Havasu City	\$52,281	12%	23%
Parker	\$44,326	16%	26%
Fort Mojave Reservation (Arizona part)	\$34,375	39%	X

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

Note: The data in this table are based on surveys done over the five-year period from 2006 to 2010. The income data for the four earliest years were adjusted for inflation, so that incomes can be stated in terms of the value of the dollar in 2010.

These data are provided by census block in **Error! Reference source not found.** to give a visual representation of the variability of the population living in poverty across the Region.

Figure 9. Percent of population in poverty, by census tract



Source: American Communities Survey 2006-2010; Tables B19126 & B17001

Although the ACS provides information on smaller communities, those data are aggregated across years and so are less sensitive to more recent fluctuations (such as the economic downturn). The 2010 Census provides more recent estimates of poverty and median income as Small Area Income and Poverty Estimates, though these are only at the state and county level. As shown in

, the relative pattern illustrated by the ACS results remains the same, but the more recent data shows that median household incomes have fallen in the State and Region, and a higher percentage of children and families are living in poverty.

Table 8. Poverty and median income estimates

NAME	MEDIAN HOUSEHOLD INCOME	ESTIMATED NUMBER OF PERSONS IN POVERTY (ALL AGES)		ESTIMATED NUMBER OF CHILDREN IN POVERTY (AGES 0-17)		ESTIMATED NUMBER OF YOUNG CHILDREN IN POVERTY (AGES 0-4)	
Arizona	\$46,787	1,105,075	18%	401,664	25%	129,973	29%
La Paz County	\$33,818	4,769	24%	1,377	38%		
Mohave County	\$36,446	36,831	19%	13,569	34%		

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

Note: Poverty estimates for children 0-4 were not available below the state level.

It can be useful to look at incomes in the context of the “living wage,” which takes into account the cost of living in an area to estimate a wage rate that is required to meet minimum standards of living. Based on the work of the Economic Policy Institute, Penn State researchers developed a “living wage calculator”⁸ to estimate the hourly wages that a family would need to earn to meet monthly expenses in a particular area. Based on this work, the living wage estimate for a single parent/one child family would be \$17.10 in Mohave County and \$14.17 in La Paz County; for two adults with two children, it would be \$28.80 in Mohave, and \$23.68 in La Paz.

The Arizona 2010 estimates (the most recent year for which data are available) show that the median (50th percentile) hourly wage across all occupations is calculated to be \$13.47 in Mohave County, and \$11.11 in La Paz County (Arizona Office of Employment and Population Statistics). This suggests that the average single working parent is unlikely to be able to make ends meet in either county, and that both parents would need to work at better than average paying jobs for a family with two children to live comfortably. For many of the occupations employing the highest proportion of workers in each county, median hourly wages are even lower.

⁸ <http://www.livingwage.geog.psu.edu/>

It should also be noted that lower incomes, coupled with increasing gas prices, makes driving more costly; this raises an additional barrier in an area where transportation is already a big hindrance to service and opportunity access.

There are 16 elementary or unified school districts within the La Paz/Mohave Region. US Census poverty estimates by district provide another estimate of poverty levels for school-aged children in the Region. It is important to note that poverty estimates may not fully capture the challenges that students in the area face. These rates are lower than other district-level measures of need, such as free and reduced lunch or overall economic disadvantage.

Figure 10. Elementary and unified school districts in the La Paz/Mohave Region

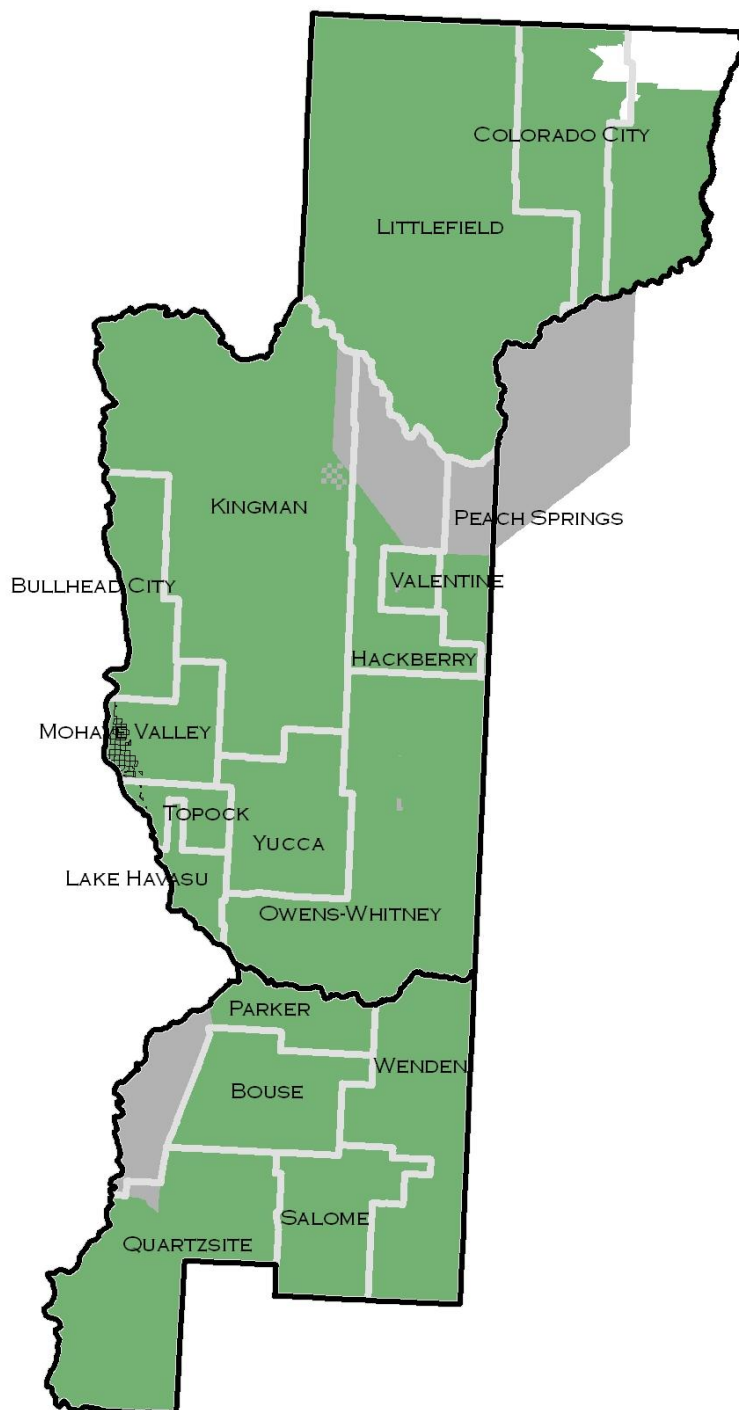


Table 9. Poverty estimates by school districts

DISTRICT NAME	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Bullhead City School District	3,877	1,754	45%
Topock Elementary District	170	70	41%
Wenden Elementary District	106	42	40%
Salome Consolidated Elementary District	136	53	39%
Bouse Elementary District	48	18	38%
Yucca Elementary District	52	20	38%
Hackberry School District	111	41	37%
Parker Unified School District	1,735	626	36%
Colorado City Unified District	2,622	925	35%
Littlefield Unified District	646	208	32%
Owens-Whitney Elementary District	63	20	32%
Kingman Unified School District	9,627	2,537	26%
Mohave Valley Elementary District	2,163	539	25%
Valentine Elementary District	41	10	24%
Lake Havasu Unified District	7,339	1,700	23%
Quartzsite Elementary District	309	68	22%
Peach Springs			

Source: US Census Bureau, Small Area Income & Poverty Estimates (SAIPE) for School Districts, 2010

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in La Paz County in 2011 was 10.3 percent, and 10.4 in Mohave, both higher than the statewide average of 9.2 percent. As shown in the table below, the unemployment in La Paz County continued to increase in 2011, even as Mohave County and the State have begun to decrease after a peak in 2010.

There is substantial variability in unemployment in communities across the Region. In some, the unemployment rate has been consistently below the State rate (highlighted in green). Bullhead City and Kingman have hovered just above the state average. Fort Mojave Indian Tribe has been consistently above the state average, but is following a similar trajectory, showing some recovery in 2011. Wenden, however, is continuing to show an increasing rate of unemployment. Three communities, highlighted in yellow, have had rates above 20 percent for the last three years. Of those, two showed some recovery in 2011, consistent with the statewide trajectory. Salome, however, continues to show an increasing rate of unemployment.

Table 10. Unemployment Rate Over Time, by Community

	July 2007	July 2008	July 2009	July 2010	July 2011
United States					
Arizona					
Ehrenberg	3.4%	5.8%	7.0%	7.3%	7.9%
Parker	4.6%	7.8%	9.4%	9.9%	10.4%
Quartzsite	4.0%	6.8%	8.1%	8.5%	9.0%
Salome	10.5%	17.0%	19.9%	20.8%	21.9%
Wenden	6.6%	10.9%	13.1%	13.7%	14.6%
Bullhead City	4.4%	7.0%	10.7%	10.7%	9.9%
Colorado City/Centennial Park	2.9%	4.7%	7.3%	7.3%	6.7%
Dolan Springs	11.2%	17.3%	24.8%	25.0%	23.3%
Fort Mohave				9.8%*	
Fort Mojave Indian Tribe	6.0%	9.7%	14.4%	14.6%	13.4%
Golden Valley	9.9%	15.4%	22.3%	22.5%	20.9%
Kingman	4.2%	6.7%	10.2%	10.2%	9.4%
Lake Havasu City	3.4%	5.5%	8.5%	8.6%	7.9%
Littlefield/Beaver Dam				9.1%*	
Mohave Valley	3.6%	5.8%	8.8%	8.9%	8.2%
Topock	N/A				

Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Although home foreclosures decreased somewhat in 2011, Arizona continues to be one of the top three states for foreclosure activity (Along with California and Nevada).⁹ In June 2012, one

⁹ <http://www.realtytrac.com/content/foreclosure-market-report/q4-and-year-end-2011-us-foreclosure-sales-report-7060> Accessed 6 April 2012

in every 303 housing units in Arizona received foreclosure filings in the month, about twice the national rate of 1 in every 666. Although foreclosure rates vary from month to month, La Paz County tends to be amongst the three lowest counties in the state, along with Apache and Greenlee Counties, with rates classified as “moderate” (between 1 in 700 and 1 in 4,000). Rates have been consistently “high” in Mohave County (e.g., higher than 1 in every 700 properties).¹⁰ To allow for easier comparison, **Error! Reference source not found.**¹¹ shows rates of foreclosures per thousand properties in June of 2012 at the community level, where available. Some communities in Mohave County have nearly twice the statewide foreclosure rate.

Table 11. Foreclosures in Arizona, La Paz and Mohave Counties, and Communities with available data

GEOGRAPHY	NUMBER OF PROPERTIES	NUMBER OF FORECLOSURES (DURING JUNE 2012)	FORECLOSURES PER THOUSAND PROPERTIES (DURING JUNE 2012)
United States	986,338,008	1,480,988	1.5
Arizona	2,846,079	9,393	3.3
La Paz County	16,048	8	0.5
Parker community	6,500	4	0.6
Salome community	2,499	3	1.2
Mohave County	110,760	426	3.8
Littlefield community	2,176	8	3.7
Dolan Springs community	1,743	3	1.7
Kingman community	24,064	94	3.9
Golden Valley community	5,670	35	6.2
Bullhead City community	24,104	92	3.8
Fort Mohave community	6,900	46	6.7
Mohave Valley community	4,620	15	3.2
Topock community	1,710	6	3.5

¹⁰ Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from US Bureau of Labor Statistics and Nielson Claritas. Available at: <http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807> Accessed April 6, 2012.

Lake Havasu City community	34,750	125	3.6
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SOURCE: RealtyTrac.com

NOTE: Data not available for Colorado City, Ehrenberg, or Quartzsite

According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. Public assistance programs commonly used by families with young children in Arizona include Supplemental Nutrition Assistance Program (SNAP, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services). In 2009, 2.75 percent of Mohave county residents’ income came from income support programs like SNAP and TANF, nearly 1.5 times the national rate of 1.9 percent; the proportion in La Paz County, at 3.12 percent, was over 1.5 times the national rate¹¹, reflecting the need in the area.

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by about 9 percent between June 2009 and July 2011. In the La Paz/Mohave Region, the number of children on SNAP increased by a similar rate (10%) between June 2009 and July 2011, though this was driven by the higher rate in Mohave County (11%). The increase was much smaller in La Paz County (3%), partly because of the slower growth in the young child population and the already high enrollment rate in the county. Overall, children in the Region receive SNAP support at a higher rate (56%) than the state as whole (40%). The communities reporting the highest proportion of children 0-5 enrolled in SNAP were Colorado City/Centennial Park (73%) and Topock (68%).

Table 12.Children 0-5 Receiving SNAP (Supplemental Nutritional Assistance Program)

	ARIZONA	LA PAZ/ MOHAVE REGION	LA PAZ COUNTY	MOHAVE COUNTY
January 2007	134,697	4,846	606	4,362
June 2007	139,170	5,030	596	4,538
January 2009	179,831	6,390	676	5,823
June 2009	199,367	6,795	715	6,174
January 2010	215,837	7,364	734	6,736
July 2010	212,465	7,436	729	6,800
January 2011	204,058	7,247	735	6,625
July 2011	216,398	7,453	736	6,839
Total number of children 0-5 (2010)	546,609	13,395	1,227	13,218

¹¹ White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). *The Geography of Government Benefits*. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

Estimated percent of children 0-5 receiving SNAP (July, 2011)	40%	56%	60%	52%
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Source: Arizona Department of Economic Security, 2011

The number of recipients of emergency food in Arizona rose by 85 percent between 2006 and 2009, and in 2009, nearly half of those recipients were under the age of 18. In 2009, 888,100 unduplicated individuals in Arizona were recipients of emergency food. The Hunger in America 2010 report estimates that over 10 percent of all Arizona food bank clients have a child between the ages of 0 and 5 in their household. Eighty-four percent of all Arizona food bank recipients were not receiving TANF or other government welfare services.¹²

In contrast to SNAP, the number of children receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers for the past three fiscal years (FY). A new rule which takes grandparent income into account has led to a decline in child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families, including 6,500 children.¹³ Between June 2009 and July 2011, Arizona child TANF recipients decreased by 46 percent, and La Paz/Mohave Region child TANF recipients decreased by 45 percent. La Paz County recipients decreased at a higher rate (54%) than did Mohave County child TANF recipients decreased (42%) (see **Error! Reference source not found.**). In July 2011, three percent of children 0-5 in the Region were receiving TANF supports, compared to two percent statewide.

Table 13. Children 0-5 Receiving TANF (Temporary Assistance for Needy Families)

	ARIZONA	LA PAZ/ MOHAVE REGION	LA PAZ COUNTY	MOHAVE COUNTY
January 2007	20,867	754	117	676
June 2007	19,646	732	104	654
January 2009	24,273	879	117	777
June 2009	23,746	747	96	669
January 2010	23,866	702	94	620
July 2010	17,978	554	79	487
January 2011	13,450	357	48	324
July 2011	12,837	412	44	385
Change from June 2009 to July 2011	-46%	-45%	-54%	-42%

¹² Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

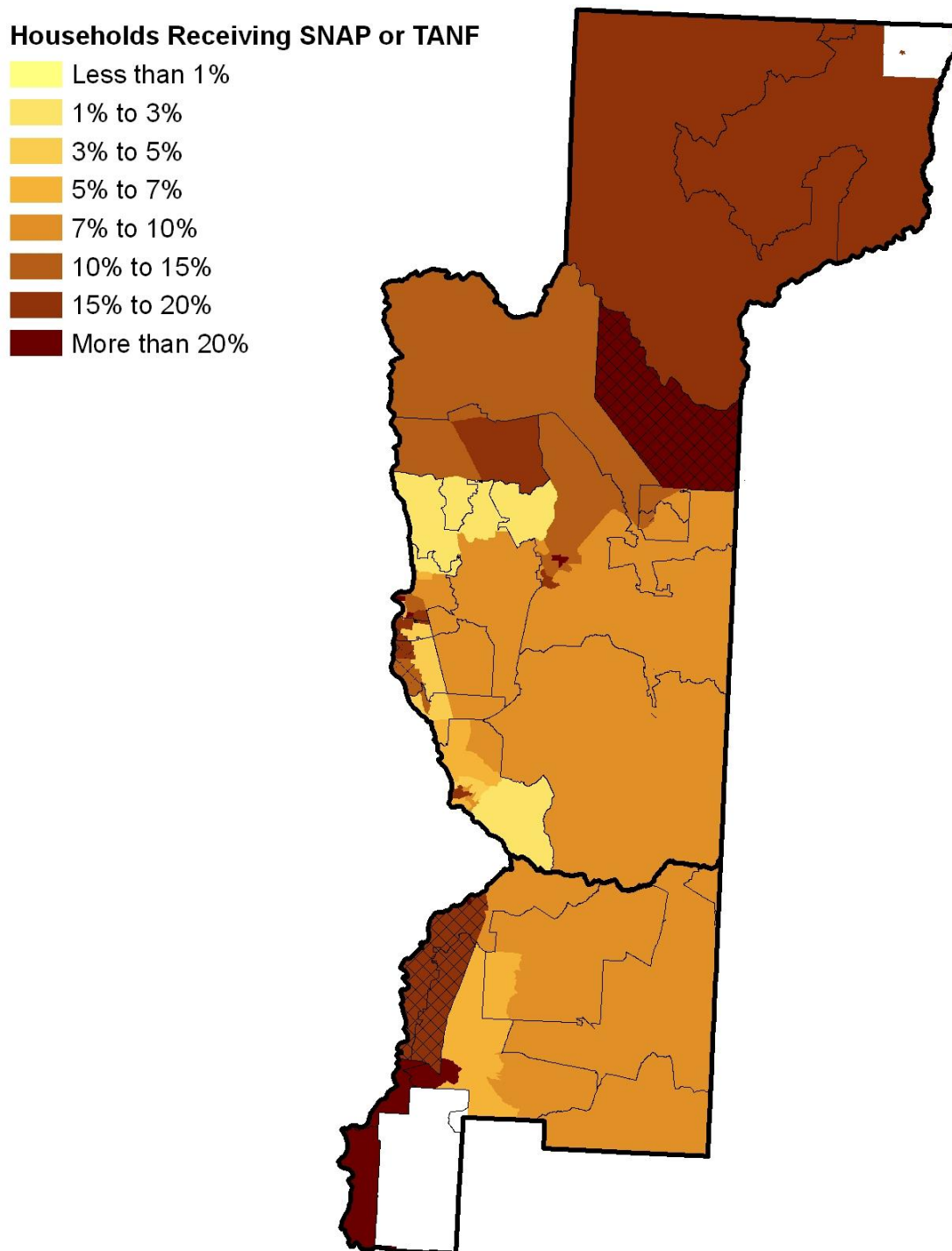
¹³ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

Percent of children 0 to 5 (2011)	2%	3%	4%	3%
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Source: Arizona Department of Economic Security, 2011

Figure 11 provides a visual representation of the proportions of households that are receiving some sort of assistance (SNAP and/or TANF) across the Region.

Figure 11. Proportion of Households Receiving SNAP and/or TANF assistance



Source: Arizona Department of Economic Security, 2011

Key informants in the region noted that many families are in need of support programs like AHCCCS but do not qualify because they are minimally above the income threshold. Informants also pointed out that, although there may be a need for support, mistrust of government

agencies is common among local residents in some of the small rural communities. This often results in lower enrollment in assistance programs such as SNAP and TANF relative to need.

Women, Infants and Children (WIC)

Arizona's WIC program is a federally funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5. Enrollment data for Mohave County are presented below; La Paz County WIC participation data were not available for this report.¹⁴

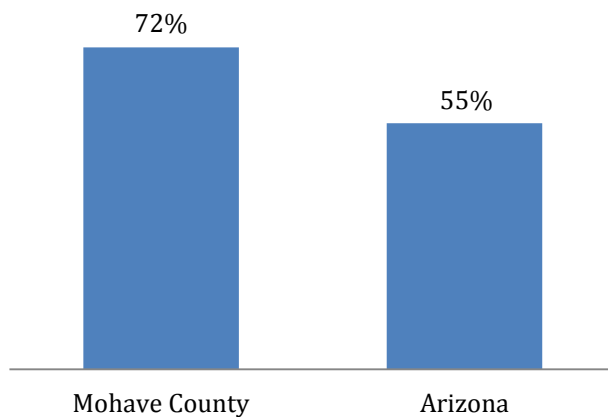
As shown in the table and figure below, rates of WIC participation in Mohave County are higher than in the state of Arizona overall. Between 2010 and 2011, Arizona and Mohave County both experienced slight decreases in the numbers of women and children receiving WIC.

Table 14. Children aged 0-4 receiving WIC (Women, Infants and Children)

	WIC Participants, 2010			WIC Participants, 2011		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Mohave County	2,810	8,399	76%	2,713	7,920	72%
Arizona	91,322	262,805	58%	88,512	251,531	55%

Source: Arizona Department of Economic Security, 2012

¹⁴ Although the aggregated data represent the total numbers participating in WIC at the county level, in reporting at the zip code level, the Department of Economic Security suppresses WIC data where there are fewer than 30 participants to protect participant privacy. Because WIC data were suppressed for several zip codes in the La Paz/Mohave Region, data are not provided here at the community level; they would under-represent those being served at the community level

Figure 12. Percentage of Children 0-4 Receiving WIC, 2011

Source: Arizona Department of Economic Security, 2012

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. For school year 2011-2012, income criteria were as follows:

Table 15. Income Criteria for Free and Reduced Lunch, 2011-2012

FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

Retrieved from the United States Department of Agriculture at www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm

Based on these guidelines, Table 16 shows the percentage of children eligible for free and reduced lunch across the elementary and unified school districts in the Region.

Table 16. Percent Free and Reduced Lunch by School District

School District Name	Percent Eligible for Free or Reduced Lunch
Hackberry School District	100%
Quartzsite Elementary District	90%
Salome Consolidated Elementary District	85%
Littlefield Unified District	84%
Colorado City Unified District	83%
Bullhead City School District	81%
Topock Elementary District	81%
Bouse Elementary District	77%
Yucca Elementary District	77%
Parker Unified School District	76%
Mohave Valley Elementary District	69%
Owens-Whitney Elementary District	64%
Kingman Unified School District	62%
Wenden Elementary District	54%
Lake Havasu Unified District	53%
Peach Springs District	100%

Source: Arizona Department of Education (2011). Percentage of Free and Reduced Reports, March 2011. Retrieved from: <http://www.azed.gov/health-nutrition/frpercentages>

Note: Data were not available for the Valentine Elementary District.

Educational Indicators

A national report released in early 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's education attainment. This report noted that low levels of adult education are correlated with low levels of overall child well-being.¹⁵ Fewer than one in three Arizonan adults ages 25 and older hold a Bachelor's degree or higher level of education.¹⁶

Overall, the adult educational attainment indicators for the two counties in the Region are much lower than for the state as a whole (**Error! Reference source not found.**). La Paz and Mohave Counties have less than half the rate of college graduates, and fewer than five percent of births are to women with college degrees. This lower level of educational attainment in the Region is linked with its higher poverty levels. In the state as a whole, the poverty rate among

¹⁵ Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O'Hare, W., Mather, M., & Dupuis, G.

¹⁶ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

those with a college degree was 4 percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, 2000f). Low levels of education are also likely to affect employment opportunities for residents, and to have implications for the ability of employers to attract sufficient numbers of qualified staff.

Table 17. Adult Educational Indicators

	Arizona	La Paz County	Mohave County
Adults (ages 25+) without high school or GED	15%	23%	17%
Percent of births to women with less than a high-school education, 2010	22%	34%	26%
Adults (ages 25+) with bachelor's degree or more	26%	9%	12%
Percent of births to women with a bachelor's degree or more, 2010	10%	3%	4%

Source: American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Institute to Measure Standards (AIMS)¹⁷. The AIMS is used to track how well students are performing compared to state standards, and is considered a high-stakes exam because the results directly impact students' future progress in school and graduation. As of the 2013-2014 school year, Arizona Revised Statute¹⁸ states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.¹⁹

As **Error! Reference source not found.** shows, third graders in Mohave county tend to pass the AIMS reading portion (meets + exceeds standard) at a slightly higher rate (78%) than the state as a whole (75%). However, the rate of students in La Paz passing is considerably lower (59%). A similar pattern is apparent in math, where 69 percent Mohave County third-graders pass, compared to 67 percent for the state, with fewer than half (48%) of third grade students

¹⁷ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

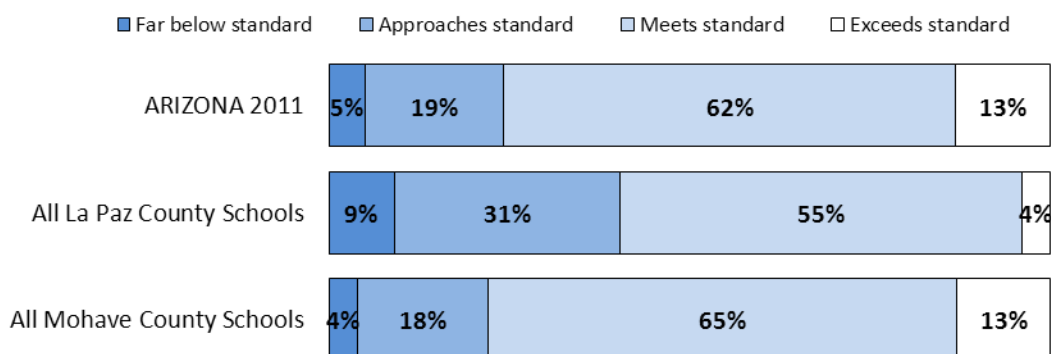
¹⁸ A.R.S. §15-701

¹⁹ First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

passing in La Paz County. In addition, about twice the proportion of children in La Paz County are falling far below the standards in both reading and math, compared to the state overall. More detail about district level AIMS results can be found in Appendix xx.

Figure 13. 2011 Results of the Arizona Instrument to Measure Standards (AIMS) Test for Third-Grade Students

Reading



Math



Source: Arizona Department of Education, 2011

Arizona fourth-graders also take the National Assessment of Educational Progress (NAEP), a nationally administered measure of academic achievement that allows for comparisons to national benchmarks.²⁰

Although 67 percent of fourth graders in Arizona “meet or exceed standards” on the AIMS reading test, only 26 percent of Arizonan fourth graders scored “at or above proficient” on the NAEP reading test (compared to 34% nationally).²¹ Arizona fourth graders made no significant

²⁰ The NAEP test is a product of U.S. Department of Education. For more information, visit: <http://nces.ed.gov/nationsreportcard/about/>.

²¹ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

gains in performance on the NAEP reading test between 2009 and 2011, and although statistically significant gains on the NAEP mathematics test were made (from 28% to 34% “at or above proficient”), Arizonan fourth graders still fall below the national average (40%).²²

Mohave County reported a lower high school graduation rate, and La Paz County a higher rate²³, than the state as a whole. Both counties reported a higher dropout rate than the state overall. Of the youth who dropped out of high school (grades 7-12) in 2009-2010 in La Paz County, over half were Native American. Native American youth in La Paz County have a dropout rate of 8.1 percent, over twice the overall county rate, and about twice the rate of Native American youth in Mohave County (4.1%), and higher than the overall state Native American rate (6.8%).²⁴ Dropping out of school is associated with a number of social and health issues that may go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a).

²² U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading and Assessments. Accessed online at http://nationsreportcard.gov/math_2011/gr4_state.asp (math) and http://nationsreportcard.gov/reading_2011/ (reading) on 8-6-2012

²³ The higher graduation rate in La Paz, along with the high drop-out rate, suggests that high-risk young people in La Paz County may be dropping out before entering 9th grade (and so are not included in the high school graduation co-hort)

²⁴ Arizona Department of Education, <http://www.azed.gov/wp-content/uploads/PDF/2010DORcountysubgroup.pdf>

Table 18. High School Graduation and Drop-out Rates²⁵

	PERCENT GRADUATED (2009)	HIGH SCHOOL DROPOUT RATES (2009-10)
Arizona	76%	2.7%
Mohave County (district and charter schools)	70%	3.4%
La Paz County (district and charter schools)	80%	3.9%
School Districts (excluding charter schools)²⁶		
Colorado River Union High School District	83%	5.9%
Littlefield Unified District	75%	3.9%
Lake Havasu Unified District	71%	4%
Kingman Unified School District	69%	1.1%
Colorado City Unified District	61%	1.9%
Parker Unified School District	82%	4.9%
Bicentennial Union High School District	71%	1.4%

Source: Arizona Department of Education, 2011

²⁵ The graduation rate of public high schools is a “cohort” measure of those who graduate in four-years. For example, those entering 9th grade in the 2005-06 school year comprise the cohort measured by the 2009 data (shown here). All schools are included in the county-level rates. However, charter schools, which operate independently of a district, are not included in district-level rates. High school dropout rates refer to the proportion of students who drop out of grades 7 through 12 during a single year. Dropouts include those who move to a school in another state without notifying the Arizona school; therefore areas with a more transitory population may display higher rates than other communities.

²⁶ Charter schools were excluded from Regional reporting because they reflect individual schools and are based on much smaller numbers than the district aggregates

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

In the La Paz/Mohave Region, there are 58 licensed child care centers, including 9 Head Start Centers, and one tribally- regulated child care center (Fort Mojave Child Care Center), according to the Arizona Child Care Resource and Referral (CCR&R) report of December 2011. In addition, there are 14 family care group homes certified by ADHS, 13 family care homes certified by AZ DES and 1 nanny certified by DES. Detailed data on each provider are found in Appendix XX.

The map below (**Error! Reference source not found.**) shows how child-care providers are distributed throughout the La Paz/Mohave Region.

Figure 14. Childcare providers in the La Paz/Mohave Region

[Note: We are having some difficulties with software updates. We will include this if the problem can be resolved before 16 August]

Child Care Resource and Referral reports that the total licensed capacity for these child care providers was 3,817 children. Not all providers have the capacity to care for as many children as their license allows; the reported total actual capacity is 3,693, according to data from Child Care Resource and Referral. This represents capacity for under one-third of the population of children birth to five in the Region (in fact, because some of the slots are for after-school care for children over 5, the capacity is actually lower). Many children in the Region are cared for by family, friends, and neighbors and do not use formal child care.

Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.²⁷ The table below describes the rating scale as defined by First Things First.

²⁷ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

Table 19. Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

In the La Paz/Mohave Region, 11 centers and 1 home were enrolled in the Quality First program as of June 2012. Of these, preliminary star ratings suggest that the majority of Quality First enrolled providers in the region hold a 2-star rating (approximately 92% of all regional centers enrolled); approximately 8 percent hold a 1-star rating.

Local Education Authority preschools

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally

disadvantaged children, in meeting the state's academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts²⁸. The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.²⁹ A number of school districts in La Paz and Mohave Counties are utilizing these funds to provide a range of programmatic and support services for young children in the region. (For more detail on the services provided to children with special needs at some of these preschools, see *Services for Children with Special Developmental and Health Care Needs*, under *Health*, below).

²⁸ Arizona Department of Education, 2011. Retrieved from:
<http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

²⁹ Using Title I of ESEA for Early Education Retrieved from:
<http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

Table 20. District & Charter Preschool Programs in La Paz and Mohave Counties

School District/Charter	School
Mohave County	
Lake Havasu Unified School District	Smoketree Elementary (Pre-K – 6)
Hackberry School District	Cedar Hills School (Pre-K – 8)
Bullhead City School District	Coyote Canyon Elementary (Pre-K – 5)
Mohave Valley School District	Mohave Valley Elementary (Pre-K – 6)
Kingman Unified School District	Desert Willow (Pre-K)
	Mt. Tipton School (Pre-K – 12)
Kingman Academy of Learning	Primary School (Pre K – 2)
La Paz County	
Salome Elementary School District	Salome Elementary (Pre-K – 8)
Wenden Elementary School District	Wenden Elementary (Pre-K – 8)
Bouse Elementary School District	Bouse Elementary (Pre-K – 8)
Parker Unified School District	Blake Elementary (housed at Wallace elementary) (Pre-K – 3)

Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria.^[1] Arizona residents not meeting these criteria may still be eligible for Head Start if: their income status is low or very low, they are under-employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age.^[2]

^[1] As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; having a pre-tax household income of \$10,830 for a one-person household, of \$18,310 for a two-person household, \$22,050 for four-person household, of \$25,790 for a five-person household, of \$29,530 for a six-person household, of \$33,270 for a seven-person household, of \$37,010 for an eight-person household, and of \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households.

^[2] Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The La Paz/Mohave Region is served by seven Western Arizona Council of Governments (WACOG) Head Start Centers; three in Kingman, one in Mohave Valley, one in Golden Valley, one in Lake Havasu City, and one in Ehrenberg. There were 1,060 children enrolled in WACOG Head Start Centers in the 2010-2011 school year. The Colorado River Indian Tribes manage a Head Start Center in Parker, which serves children from both La Paz Mohave and Colorado River Indian Tribes Regions³⁰.

Cost of Childcare

Key informants in the La Paz/Mohave Region reported the cost of child care as being one of the largest barriers to child care access in the Region. As Table 21 shows, the average cost for full-time center-based care in the Region is estimated to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Key informants listed affordable, quality childcare as one of the largest needs in the community, particularly for those families who don't qualify for need-based programs like Head Start but cannot afford child care due to other financial circumstance.

Table 14 shows the average estimated cost of child care in a child care center by percent of median family income in the Region. It should be noted that data about median income is available at the community level, but average cost of child care data are available at the state and county levels only. The calculations in the tables below were therefore made with community-level median income data and county-level data about average cost of child care.

³⁰ 2010-2011 Head Start Program Information Report (PIR) Summary Report: Western Arizona Council of Governments (WACOG) (Head Start).

Table 21. Cost of Full Time Child Care in Child Care Centers by Percent of Median Family Income

GEOGRAPHY	CHILDREN UNDER 1	CHILDREN 1 - 2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Arizona	16%	15%	13%
Mohave County	14%	12%	12%
La Paz County	17%	15%	15%
Bullhead City	15%	13%	13%
Colorado City	15%	13%	12%
Kingman	13%	11%	11%
Lake Havasu City	12%	11%	11%
Parker	15%	13%	12%
Fort Mojave Reservation (Arizona part)	19%	17%	16%

As shown in the table above, infant care is most costly to families, and subsumes between 12 and 19 percent of median family income in the Region. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. However, to secure regulated center-based child care, more than half the families (those at median income or below) in each of the communities in the La Paz / Mohave Region would need to exceed this recommendation for all age groups.

It is important to note that the percentages above are reflective of families with only one young child in need of full-time care. Families with more than one child under age five requiring child care would exceed the Department of Health and Human Services recommendation by a substantially higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a substantially lower median income in the La Paz / Mohave Region, resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

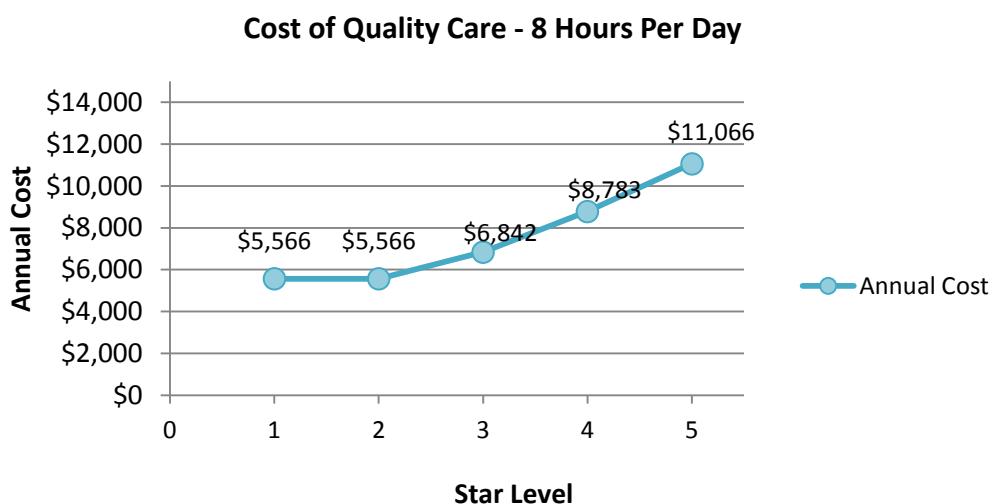
Unregulated homes are typically a less expensive child care option. Table 22 shows the average estimated cost of full time child care in an unregulated home by percent of median family income. The cost of child care in an unregulated home still exceeds the Department of Health and Human Services recommendation for all categories in the Region. This may explain why many families in the Region are likely to turn to kith and kin care, which is often provided free of charge.

Table 22. Cost of Full Time Child Care in Unregulated Homes by Percent of Median Family Income

GEOGRAPHY	CHILDREN UNDER 1	CHILDREN 1 -2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Arizona	11%	11%	10%
Mohave County	13%	13%	13%
La Paz County	17%	17%	17%
Bullhead City	15%	15%	15%
Colorado City	14%	14%	14%
Kingman	12%	12%	12%
Lake Havasu City	12%	12%	12%
Parker	14%	14%	14%
Fort Mojave Reservation (Arizona part)	18%	18%	18%

The Cost of Quality

Recent work conducted at the statewide level by First Things First suggests that the high cost of quality care is a statewide concern. As shown in the figure below, the annual cost of an average 5-star Quality First Center is estimated to be nearly double the average annual cost of a 1 or 2-star Quality First Center.

Figure 15. Cost of Quality Care

Source: Arizona Cost of Quality in Early Education Study (First Things First), 2011

Note: These are estimated costs reflective of statewide level data for non-profit and for-profit center-based providers only.

Informants in various communities perceived that budget cuts to DES subsidies for childcare have limited parents' ability to pay for this service. The high cost of regulated childcare has resulted in many parents turning to unregulated or kith and kin care, but informants expressed concern about the quality of the care these children are receiving.

The majority of key informants in the region indicated that there is a strong need for more early childhood care and education opportunities. Key informants highlighted the need for additional early education slots available, or for additional programs offered, even if only once or twice a week. This was the case even in areas where school-based preschools are available – as it in the case, for instance, in the outlying communities in La Paz County. Some community members perceived that the number of available slots in these preschool programs is not enough and think that there is currently a high demand for early learning opportunities.

A particular challenge for the area is the lack of after-school care and child care options for parents who work two jobs or night shifts. Some parents might miss job opportunities that require night shift or irregular work hours (like those in the casino industry) if they are unable to find child care.

Lastly, key informants also noted that access to school-based preschool programs have an added value to the school in building a relationship with the parents. As one key informant put it: “Having a preschool has made a big difference in this community. It’s a great first point of contact with the parents because they have to come out to the school to drop the children off and pick them up. The school can use this opportunity to start parent involvement early on.”

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assess the education and pay of the early care and education workforce in Arizona (Arizona Children’s Action Alliance, 2008). Results from the 2007 survey show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over the previous 10 years, from a high of 39% in 2009. The median salary for Assistant Teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

Data available for the nine WACOG Head Start Centers in the La Paz/Mohave Region show that 85 percent of preschool teachers had an Associate’s Degree or Bachelor’s Degree in Early Childhood Education or a related field in the 2010-2011 school year. Additionally, 15 percent held a Child Development Associate (CDA) credential. Forty-five percent of teachers holding an Associate’s Degree were enrolled in a Bachelor’s ECE (or related field) program in the 2010-2011 school year. Of the 53 total center-based option Head Start classes serving preschool-aged children, 45 (85%) had at least one teacher with an advanced degree in ECE or a related field with preschool teaching experience, or any baccalaureate degree and Teach for America experience.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being developed. As of June 30, 2012, there were 23 child care professionals in the La Paz/Mohave Region who had received TEACH scholarships to take college coursework leading to either an associate's degree or CDA. Statewide, 613 TEACH scholarships were awarded in SFY 2012.

There are four main colleges in the La Paz/Mohave Region offering professional development opportunities in the area of early childhood education. Many of these programs offer online options, for those with transportation barriers or who prefer not to commute. The table below shows the degrees or certifications offered by these programs.

Table 23. Availability of certification, credentials or degree programs

College	Locations in La Paz/Mohave Region	Degree Offered
Mohave Community College	Bullhead City Kingman Lake Havasu City North Mohave	AA in Early Childhood Education
Rio Salado College	Online	AAS in Early Childhood Education* AA AAS in Early Childhood Administration* AA in Transfer Partnership: Early Childhood Teacher Ed* AAS in Early Learning and Development*
Arizona Western College	Online	Certificate in Early Childhood Education AA in Elementary Education AA in Secondary Education
Northern Arizona University	Kingman Bullhead City Lake Havasu City	BA Early Childhood Education* MA Early Childhood Education* Certificate in Early Childhood Education

In addition, The Association of Supportive Child Care Professional Development Program, funded by First Things First, also provides quality community based professional development opportunities in La Paz and Mohave counties for providers serving children aged birth to five. These trainings are offered locally in Bullhead City, Lake Havasu, Kingman and Parker. The trainings occur in one of three tier levels with a series of workshops and networking meetings for 1) those with general knowledge, 2) those with a CDA or AA degree in Early Childhood Education, or 3) for Directors or Director Designees. They are designed as “stepping stones” to facilitate the completion of educational milestones. Incentives are offered to participants to complete the series (e.g., college course credit at MCC is provided).

Health

Access to Care

Families throughout the La Paz/Mohave Region face several challenges to receiving adequate health care for their children. The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. These Primary Care Areas (PCA) are geographically based areas in which most residents seek primary medical care within the same places.³¹ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with 3 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). This allows for comparison of the Primary Care Areas in the Region to other sparsely populated portions of the state. Areas including Tribal nations are given their own designation (Indian).

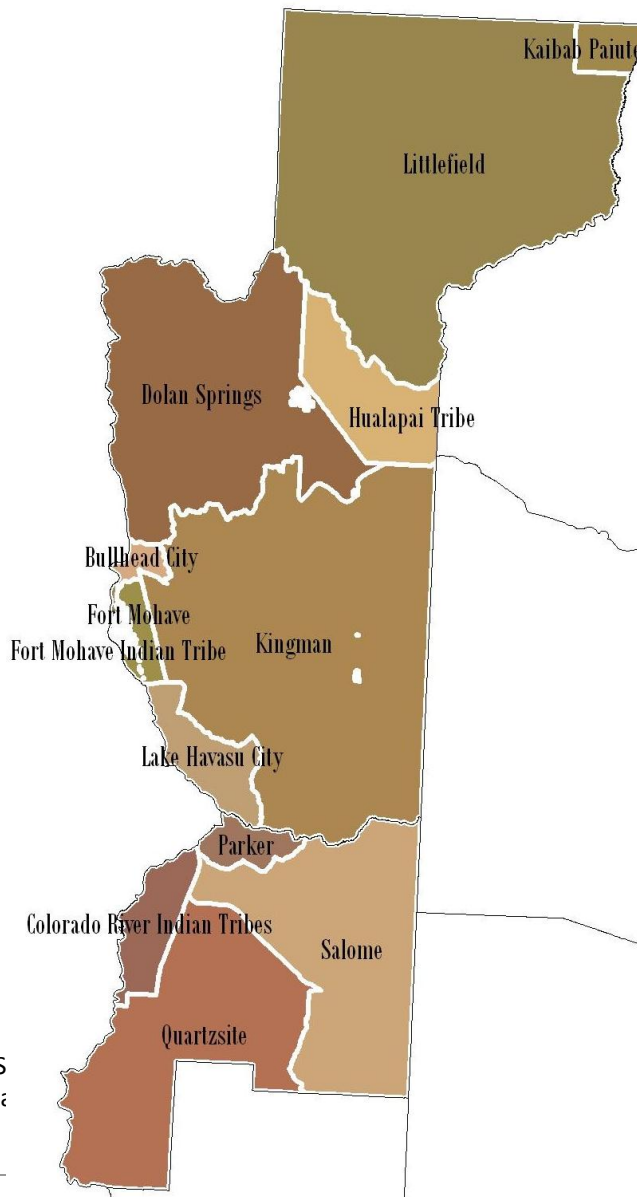
There are ten Primary Care Areas within the Region:

Mohave County:

- Littlefield (frontier) (includes Beaver Dam and Colorado City)
- Dolan Springs (frontier)
- Kingman (rural) (includes Golden Valley)
- Bullhead City (rural)
- Fort Mohave (rural) (includes Mohave Valley and Topock)
- Lake Havasu City (rural)
- Fort Mojave Indian Tribe (Indian)

La Paz County

- Parker (rural)
- Quartzsite (frontier)
- Salome (frontier) (includes Wenden)



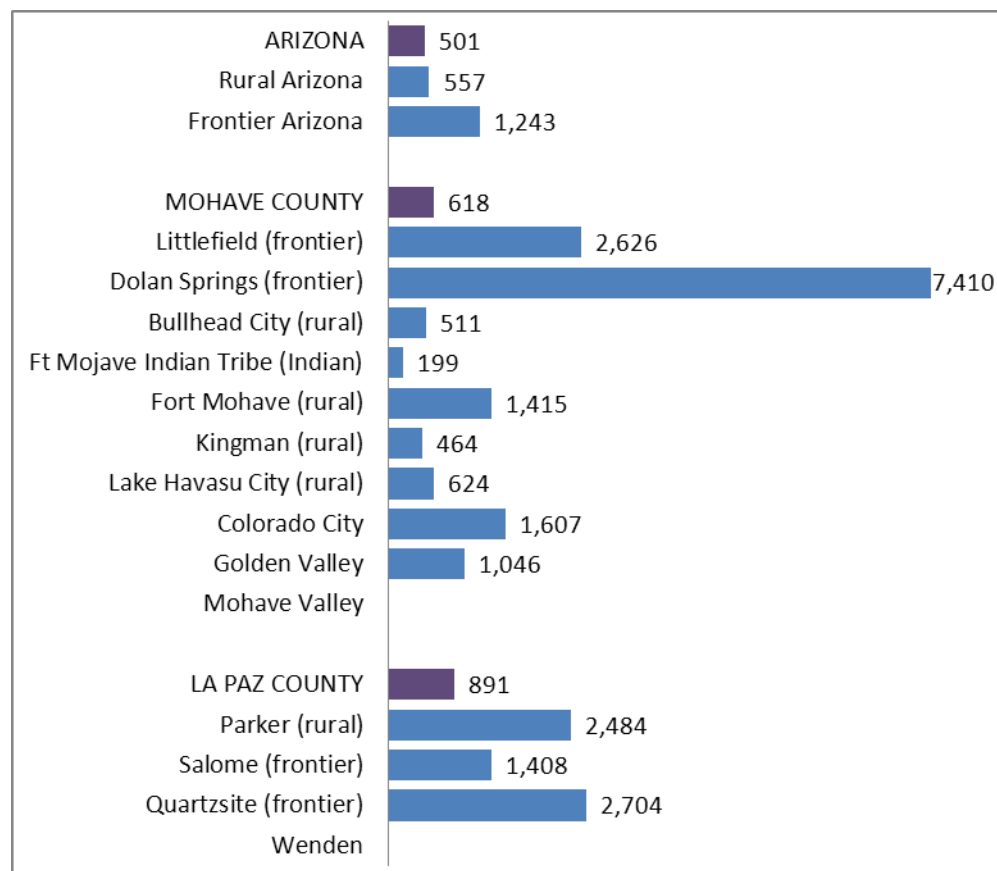
³¹ Definition based on Arizona Department of Health Services Documentation for Primary Care Area and Special Area

A complete list of communities included within each area of the Region are presented in Appendix XX.

Each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Based on their scores, all but one of the 10 Primary Care Areas in the Region (Lake Havasu City) are designated as Medically Underserved. In addition, all of La Paz County, Fort Mohave, Bullhead City, Dolan Springs and Littlefield PCA are designated Dental Health Professional Shortage Areas.³²

Data about the ratio of population to primary care providers in the various Primary Care Areas is a clear indicator of the healthcare infrastructure within the Region. As shown in **Error! Reference source not found.**, the Fort Mojave Indian Tribe is able to provide services to their members at a much higher rate than in other areas of the Region. Overall, however, most communities have fewer primary care providers relative to their population than most of the state, with Dolan Springs and communities in La Paz County facing particular infrastructure challenges.

³²ADHS, Bureau of Health Systems Development, Arizona Dental HPSA Designations, 2012
<http://www.azdhs.gov/hsd/profiles/dentalhpsas.pdf>

Figure 16. Ratio of Population to Primary Care Providers, 2011

(Source: Arizona Department of Health Services, January 2012)

There are six hospitals serving the region, four in Mohave County (in Bullhead City, Fort Mohave, Kingman and Lake Havasu City) and two in La Paz County. The Fort Mojave Indian Health Service also offers medical and behavioral health services to American Indians in facilities located in Mohave County. Both of the La Paz hospitals are located in Parker; one of them is an Indian Health Service (IHS) hospital serving the American Indian community in the area. The La Paz Regional Hospital has three affiliated clinics in Salome, Quartzsite and Bouse that serve the outlying communities in that county.

Even in the larger communities in the region, pediatric care coverage is sparse. This is consistent with the fact that Arizona as a whole has only slightly over half the number of pediatricians per 10,000 children (5) as the country as a whole (8), and that 90 percent of those are located in Maricopa (68%) and Pima (22%) counties (Arizona Department of Health Services, 2010). This means that families in the region often have to travel quite some distance to receive care for their children. For instance, the only pediatrician practicing in La Paz County is affiliated with the Indian Health Services hospital, though family practice physicians and nurse practitioners provide care for children, as well. Families needing pediatric specialists and sub-specialists generally must travel to the Phoenix area, or to facilities in California, Nevada or Utah for care.

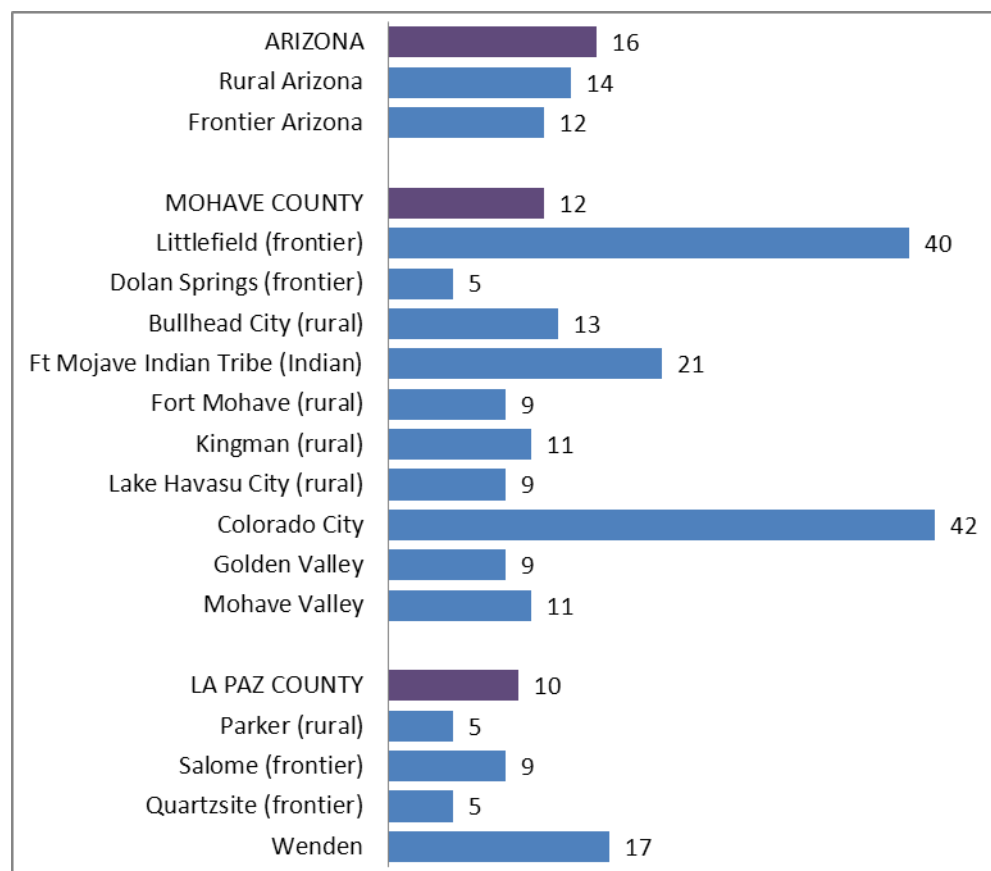
Pregnancies and Births

According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2010, there were a total of 2,222 live births to women who were residents of La Paz (200) or Mohave (2,022) counties (Arizona Department of Health Services, Vital Statistics, 2010). Statewide, there were 87,053 live births that year.

Because the Region communities tend to be relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable because of small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (2000-2009). For comparison, they include the state average, as well as the averages for other less populated areas of the state (see definitions of frontier and rural designations). These data are based on the Primary Care Areas, described above.

The birth rates in the two counties that make up the Region are, overall, lower than the state as a whole, but the variability across the communities that make up the Region is substantial, as Figure 17 shows. The Littlefield PCA rate is over three times the rate seen in other Frontier Primary Care Areas across the state. This is consistent with the increase in the young child population seen in that area (see **Error! Reference source not found.**). The Fort Mojave Indian Tribe Primary Care Area also has a high birth rate, relative to the Mohave County rate. These are areas where there may be particular high relative demand for services for young children.

Figure 17. Birth Rate per 1000 residents (avg 2000-2009)

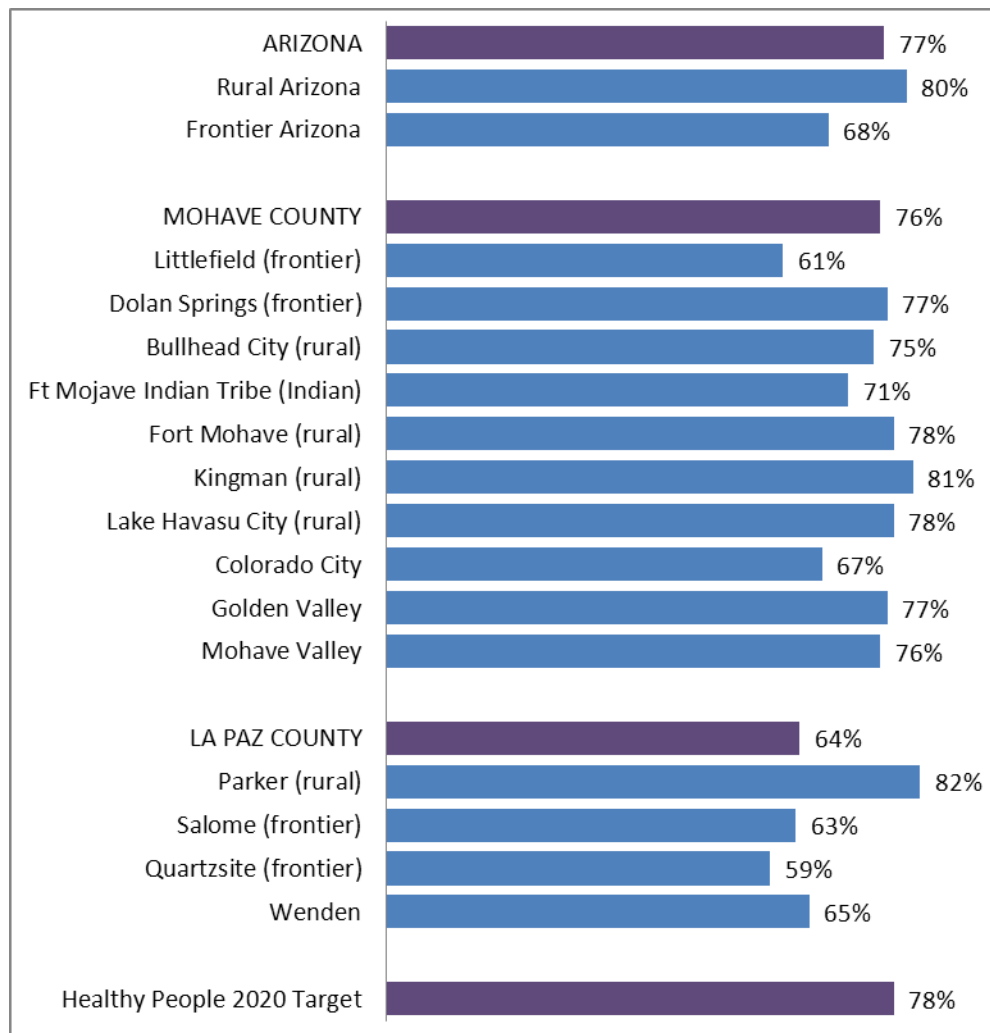


Source: Arizona Department of Health Services, January 2012

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births³³. Care should ideally begin in the first trimester.

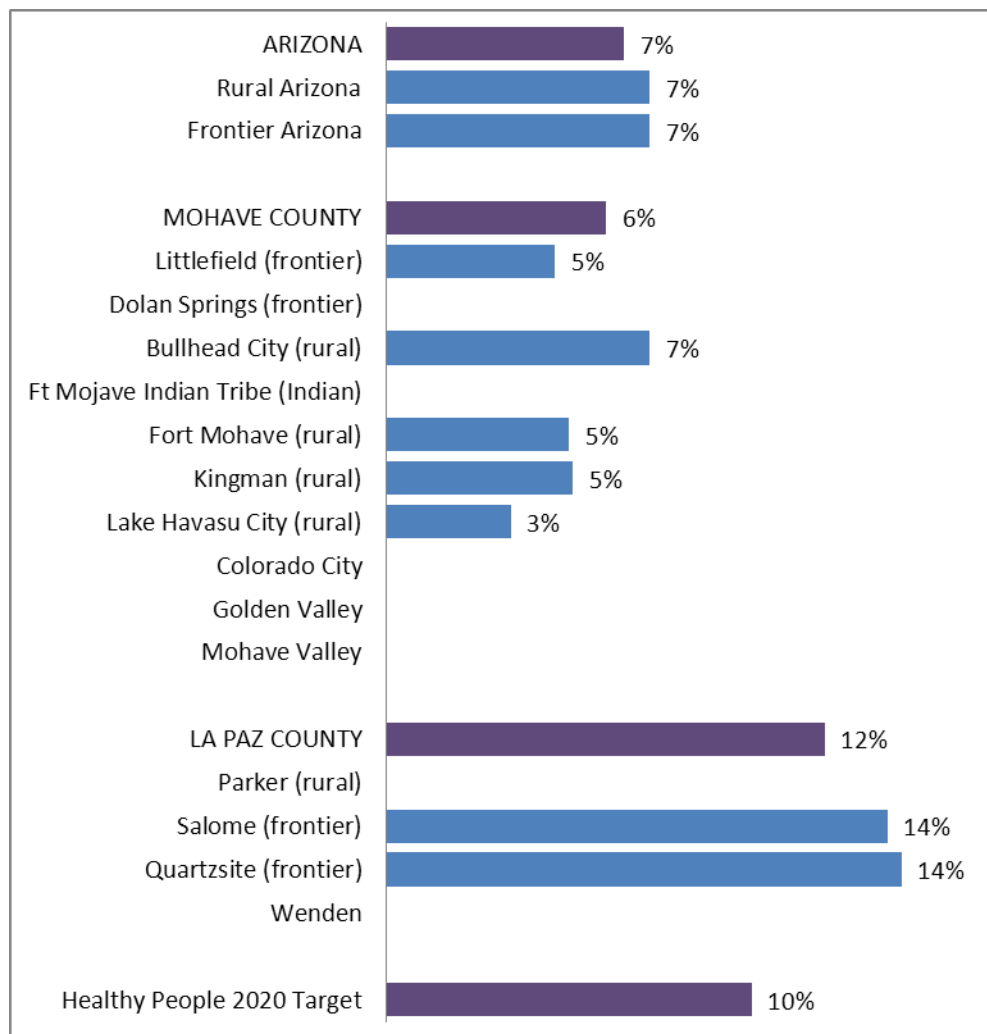
Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent or more. The table below illustrates the variability in early prenatal care across the Region. Four PCAs meet the Healthy People 2020 target, but women in La Paz County, with the exception of the Parker area, and those in the Littlefield PCA have substantially lower rates of first trimester prenatal care than the rest of the state.

³³ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

Figure 18. Percent of Births with Prenatal Care Begun First Trimester (avg 2000-2009)

Source: Arizona Department of Health Services, January 2012

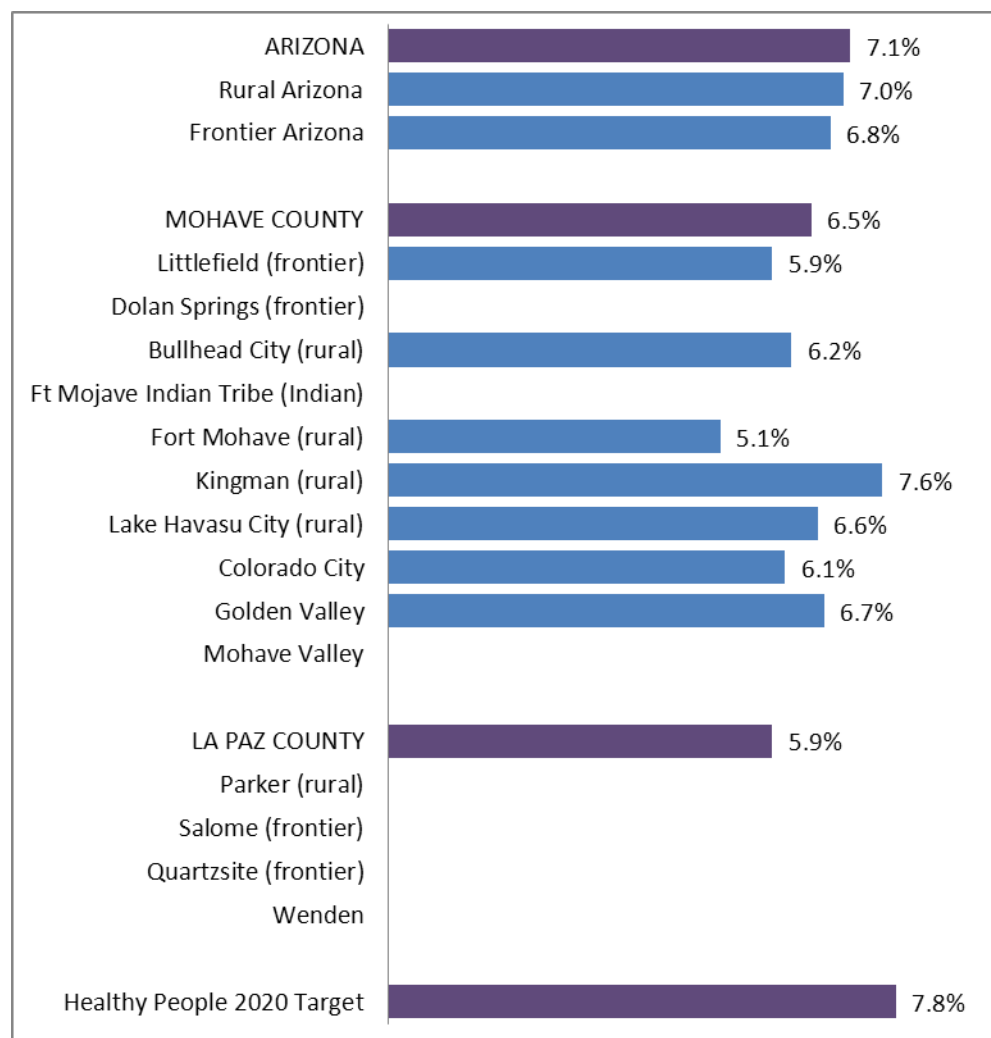
In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002). Women in La Paz County are much more likely than women in other parts of the Region or the state to have fewer than five prenatal care visits.

Figure 19. Average Percent of Births with Fewer Than Five Prenatal Care Visits

Source: Arizona Department of Health Services, January 2012

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. The Healthy People 2020 target is 7.8 percent or fewer births where the babies are a low birth weight. As shown in the table below, the state and the Region consistently meet this target, in the general population. However, among families enrolled in the Women, Infants, and Children Program, 8 percent of children in the state, and 9 percent of the Mohave County children, were reported to be low birth rate (data for La Paz County were not available).³⁴

³⁴ Source: Arizona 2009-2011 Pediatric Nutrition Surveillance, Table 6B; Arizona 2009-2011 Pediatric Nutrition Surveillance, Table 7b.

Figure 20. Average Percent of Low Birth Weight (5 lbs, 8 oz or less) Births

Source: Arizona Department of Health Services, January 2012

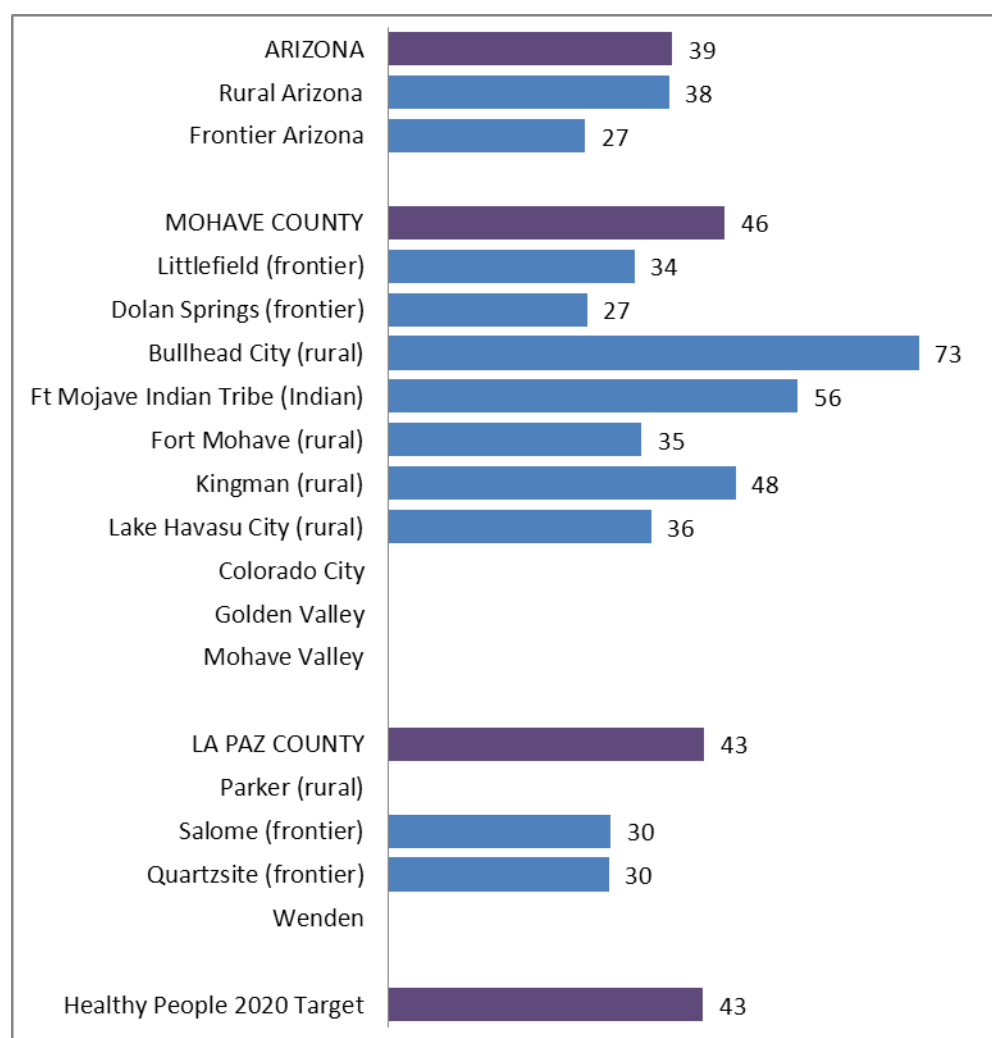
Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with other health concerns for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as increased risk for later child behavioral and educational problems (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

Arizona ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 6th highest teen birth rate nationally.³⁵ In 2010, 11 percent of all births in

³⁵ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Arizona were to mothers under 19 or younger; in the La Paz/Mohave Region, 14 percent of births were to teen mothers. **Error! Reference source not found.** demonstrates that both counties in the Region have had teen birth rates higher than the state as a whole, and that Bullhead City, the Fort Mojave Indian Tribe and Kingman have had particularly high rates of teen births per 1,000 teen girls. Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider to improve the well-being of young children in these areas.

Figure 21. Average Rate of Teen Births per 1,000 Females 14-19 years old, 2000-2009



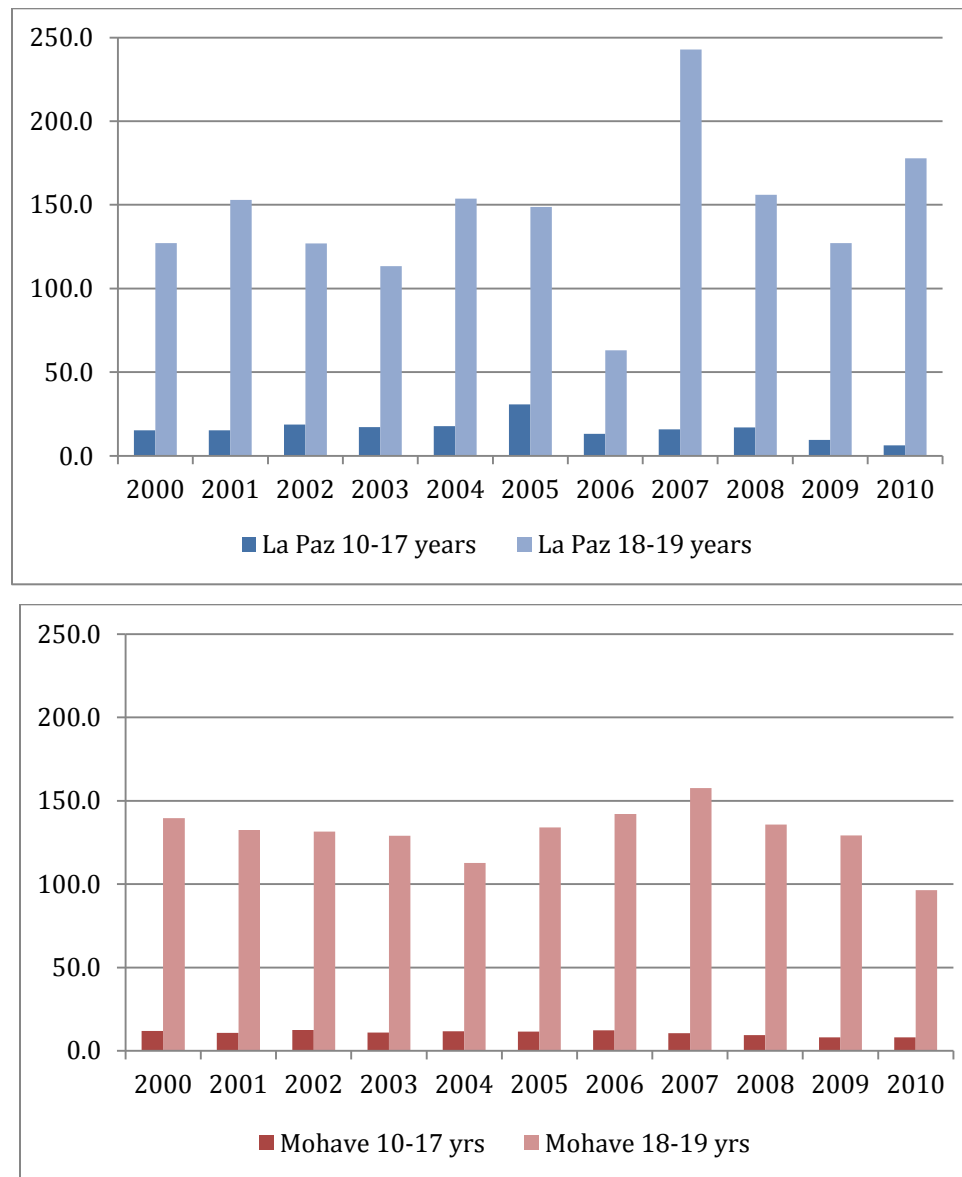
Source: Arizona Department of Health Services, January 2012

As

Figure 22 demonstrates, this high rate of teen births has been driven primarily by births to older (18-19 year old) teens in both counties. In La Paz County, the rate is more variable due to the much lower number of births. However, overall, the rate of births to older teens has averaged about 145 births per 1,000 teens across the decade. Births to younger teens (10-17), those most at risk for the negative consequences of teen births, have shown a marked decrease in the most recent two years for which data were available, to a low of 6.3 births per 1,000 girls 10-17 in 2010 (from an average rate of about 16 per 1,000 in the previous years).³⁶ Although the relatively low number of births make any single year an unreliable indicator, this is a trend worth monitoring over time. In Mohave County, teen birth rates among both older and younger teens have been falling since 2008, with the rates for both age groups at their lowest levels in the decade in 2010 (8 births per 1,000 10-17 year olds, and 96 births per 1,000 18-19 year olds). Again, this is worth tracking over time to see if these gains are maintained.

³⁶ Excluding the 2005 outlier of 30.7 per 1,000

Figure 22. Rate of Teen Births per 1,000 Females, by Age Group, by County, 2000-2010



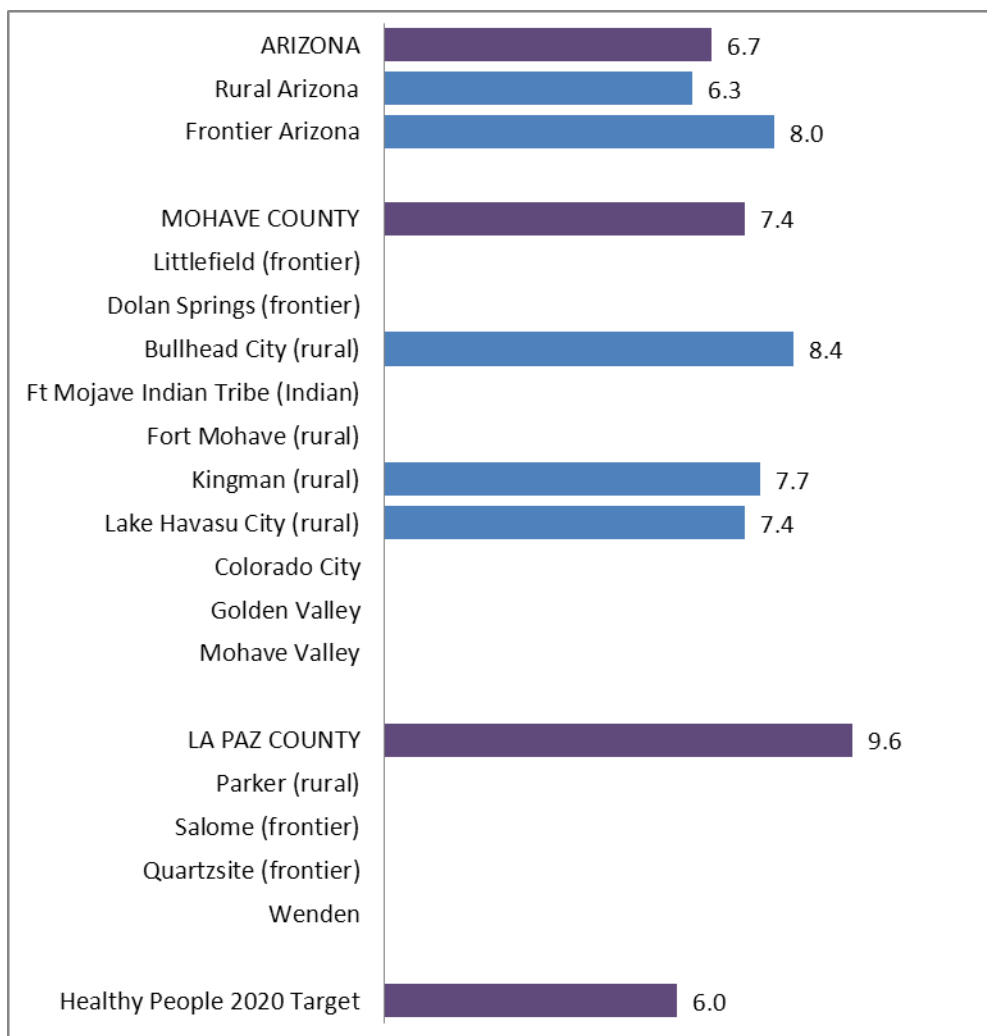
Source: ADHS Vital Statistics, 2000-2010

One of the consequences that has been linked to high teen birth rates, is high infant mortality. In 2005, the US infant mortality rate for infants born to mothers under 20 was 10.28 per 1,000 live births, compared to a rate of 6.86 overall³⁷. The Healthy People 2020 target for all infant

³⁷ CDC National Vital Statistics System, accessed at <http://205.207.175.93/VitalStats/TableViewer/tableView.aspx?ReportId=16433>

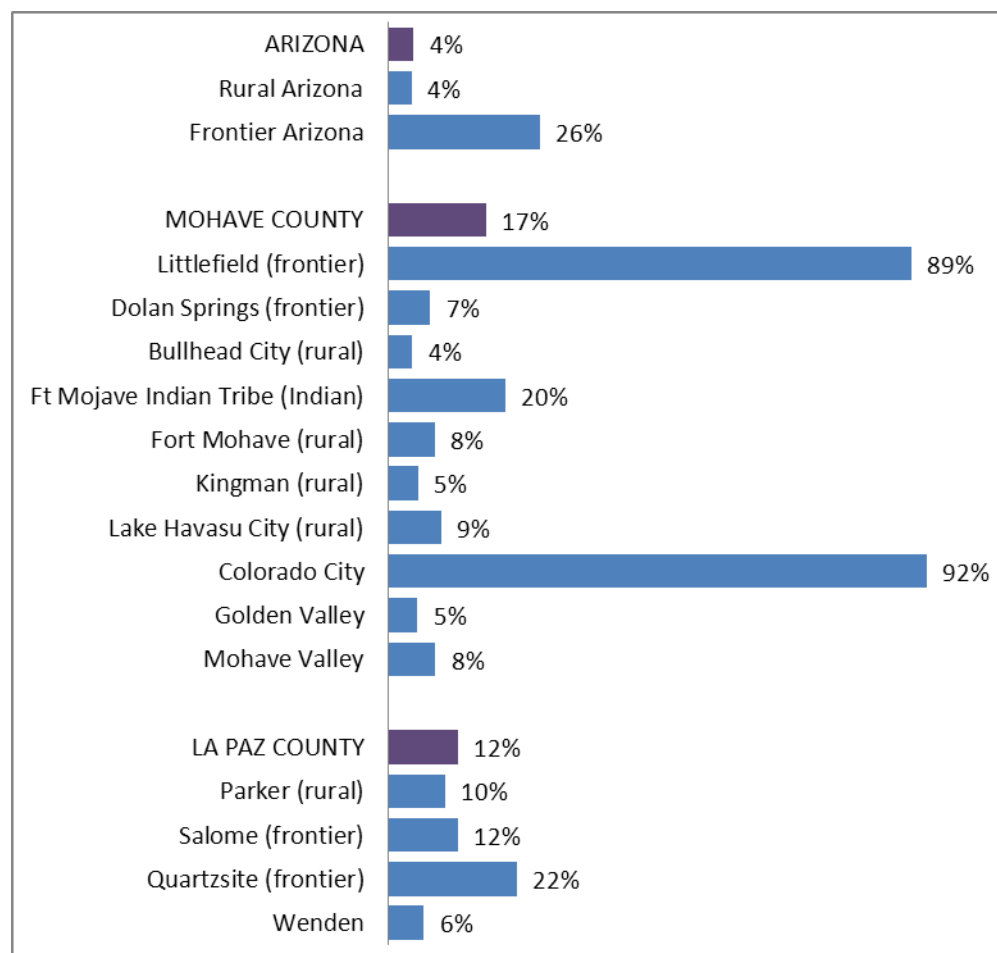
deaths is 6.0 infant deaths or fewer per 1,000 live births. As shown in Figure 23 below, the infant mortality rates across the region are higher than the state as a whole, and higher than other rural areas in the state. La Paz County rates are particularly concerning. Neither the Region nor the state meet the Healthy People 2020 target.

Figure 23. Infant Mortality Rate per 1,000 Live Births (avg 2000-2009)



Source: Arizona Department of Health Services, January 2012

There was substantial variation in the number of uninsured births (defined as self-pay or “unknown” payee in the Vital Statistics birth record) in the Region, as can be seen in the table below. Most notable is the Littlefield PCA, where the vast majority of the births were uninsured. Many other PCAs have rates double or triple the uninsured rates in the state and other rural areas, though not as high as other frontier areas in the state.

Figure 24. Percent of Uninsured Births (avg 2000-2009)

Source: Arizona Department of Health Services, January 2012

Medicaid (AHCCCS) Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (Arizona's Children's Health Insurance Program known as KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100%-200% of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare, and if the family is willing to pay the monthly premium required by the program, the application is referred to the KidsCare Office to

be added to a waiting list. This waiting list was started because the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it is only open to children in households with incomes from 100% to 175% of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.³⁸ At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.³⁹

As shown in the tables below, enrollment in both AHCCCS and KidsCare was slightly higher in La Paz and Mohave counties in 2011 than it was in the state overall.

Table 24. Enrollment in AHCCCS, including KidsCare, Dec 2011

	ARIZONA	La Paz County	Mohave County
AHCCCS Enrollment, December 2010	1,347,614	5,100	50,334
AHCCCS Enrollment, December 2011	1,336,141	4,655	48,893
Population (all ages)	6,110,304	20,132	195,218
Percent of population enrolled in AHCCCS	22%	23%	25%
Population in poverty (all ages)	933,113	4,093	31,502

³⁸ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

³⁹ For more information, please visit: <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

Percent of population in poverty	15%	20%	16%
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Source: AHCCCS (2012) and American Community Survey (2006-2010)

Table 25. Enrollment in Arizona's KidsCare Program

	ARIZONA	La Paz County	Mohave County
KidsCare enrollment, November 2009	46,750	141	1,245
KidsCare enrollment, November 2010	25,086	81	595
KidsCare enrollment, November 2011	14,225	47	317
Decrease from November 2009 to November 2011	-70%	-67%	-75%
Population of children (0-17)	1,586,990	3642	41726
Percent of children (0-17) enrolled in KidsCare	0.9%	1.3%	0.8%
Number of children (0-17) in poverty	342,607	1326	10300
Percent of children (0-17) in poverty	22%	36%	25%

Source: AHCCCS (2012) and ACS (2006-2010)

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.⁴⁰ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

In La Paz County the outlying communities of Wenden, Salome and Bouse have their own school districts. This means that each of these communities has a school-based preschool

⁴⁰ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

program that serves children with special needs. These preschools also provide a certain number of slots for “typical” children, however a fee may be associated with services (in some cases such as the Wended preschool program, the school board has decided to offer free-of-cost services to all enrolled children). Children with special needs who reside in the Quartzsite Elementary District (which includes Ehrenberg Elementary) receive services from the WACOG Head Start program in Ehrenberg.

In contrast, in Mohave County the Kingman school district serves many smaller outlying cities such as Dolan Springs and Golden Valley. Here children from the smaller communities must travel to Kingman to attend the preschools that serve children with special needs. The fact that the outlying communities in La Paz County each have their own school district makes these school districts a big (but also the only) resource for parents of children with special needs. However, schools can be limited in what they can do for children with special needs based on whether children are on, or qualify for AHCCCS. There is not much help available if children do not qualify, and this is especially challenging for families with children who might be undocumented and therefore not qualify for AHCCCS.

Districts may receive additional funding for special services as part of the Individuals with Disabilities Education Act (IDEA). The application process, however, can be cumbersome especially considering that the funds districts receive are very limited. In La Paz County, the districts in the outlying communities have formed a Special Education Consortium that facilitates the application process as it is done as a group. Requests for Proposals for contracted special needs services are also issued by the Consortium.

In the last two years, the Special Education Consortium in La Paz County began to offer online speech and occupational therapy services. Key informants noted that the schools are still trying to work through some technological issues but that children seem eager to access these services as it allows them to work with the computer. Key informants explained that a major reason to switch to online services is that more funds can be allocated to actual services as opposed to covering the commute expenses of the therapists coming out of Phoenix. An added advantage of the online model, informants pointed out, is that it requires a paraprofessional at the school to sit down with the child through the online therapy session. This has allowed these paraprofessionals to closely observe the work that is performed by the specialist and learn new activities that can be put in practice with the child in between therapy sessions. Some parents in the area, however, indicated their preference for face-to-face services as they feel unsure about the quality of the online program, and some key informants questioned the likely effectiveness of some of these services.

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50% of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be

eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The region has two AzEIP service providers, Milemarkers Therapy serves communities in La Paz and southern Mohave County, and The Learning Center for Families serves the area north of the Grand Canyon, including the Littlefield and Colorado City communities. In 2009-2010, 296 children in the La Paz/Mohave were referred to AzEIP, and, after screening and evaluation, 161 were found eligible for services. In 2008-2009, 95 children had been found eligible for services in the region. This represents a 69 percent increase in children identified and served between the two years.

About 13 percent of children enrolled in preschool and elementary schools across the region are receiving special education services. Four school districts in the Region report that greater than one in five children enrolled in preschool or elementary school are receiving these services from their district (see Table 26). Of the diagnoses reported for preschool children in the Region, one quarter are for speech and language delay, two-thirds are for developmental disabilities, and four percent are designated as having severe preschool delays.

Table 26. Preschool and Elementary Children Enrolled in Special Education, by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Bouse Elementary District	1	39	3	8%
Bullhead City School District	7	2,645	264	10%
Colorado City Unified District	1	288	89	31%
Hackberry School District	2	38	8	21%
Kingman Unified School District	10	4,074	539	13%
Lake Havasu Unified District	6	3,072	334	11%
Littlefield Unified District	1	313	32	10%
Mohave Valley Elementary District	3	1,378	215	16%
Owens-Whitney Elementary District	1	20	3	15%
Parker Unified School District	3	1,045	198	19%
Quartzsite Elementary District	2	194	31	16%
Salome Consolidated Elementary District	1	91	13	14%
Topock Elementary District	1	114	9	8%
Valentine Elementary District	1	120	14	12%
Wenden Elementary District	1	81	19	23%
Yucca Elementary District	1	19	5	26%

SOURCE: ADE Preschool & Elementary Needs, 2011

The finding of high rates of children with special needs in the Colorado City area correspond with information gathered from key informants in the community who report that a number of children have been found to have a metabolic disorder that leaves them particularly medically fragile. This was first documented in the early part of the decade,⁴¹ and is reportedly increasing. These children face multiple medical challenges and many receive services through Children's Rehabilitative Services, a state program that provides medical care to children with serious health conditions who are enrolled in AHCCCS (prior to FY2010, children not enrolled in AHCCCS could also qualify for services). Due to the severity of the children's conditions, and the need for highly specialized care, families in the Colorado City area report that they need to travel with their children to receive services in the Phoenix area. They report that this can be a hardship for the child and the family, and noted that many of the specialized services are

⁴¹ Kerrigan, J., Aleck, K., Tarby, T., Bird, C., and Heidenreich, R. (2000). Fumaric aciduria: Clinical and imaging features. *Annals of Neurology*, 47, 583-588.

available in nearby St. George, Utah. They urged consideration of cross-state agreements that would allow them to access these services without imposing such a strain on families and children.

The barriers to cross-state access to services, especially for specialized services, was a recurring theme in the areas of the Region that border other states (whether it be Utah, Nevada, or California). For instance, many therapists (speech, physical, occupational) cannot provide services across state lines due to having a state-specific license. Therapists can carry multiple state licenses, but this can be expensive, and few do. Finding a way to subsidize state licensing was raised as one way to help address this barrier to providing care in the border communities.

Key informants in La Paz County noted the need for parenting education around early identification of developmental delays and the importance of proper follow up after children are diagnosed with a delay. In the words of one informant: "Parents have to be taught how to help their young children. They are not identifying children with developmental delays early on. Often, they see no need to intervene because they think: 'he will learn that when he goes to school.'" For the same reason, they fail to follow-up after their children are screened and they are told they need to see a specialist. The same informant, however, added that parent education is not the only challenge: AHCCCS enrollment is often required to receive services, and a lot of families in the area are not enrolled. In addition, there is a perception among key informants that they outlying communities of La Paz County are not targeted as a priority in terms of special needs services.

Immunizations

In the La Paz/Mohave Region, 64 percent of children (953) aged 0 to 24 months completed the recommended vaccine series in 2010. This is slightly lower than the statewide rate of 70 percent. Only 36 percent (941) children aged 19 to 35 months completed the recommended vaccination series, slightly lower than the statewide rate of 41 percent. The table below shows that immunization rates vary widely across communities and across age groups in the La Paz/Mohave Region.

Table 27. Immunization Rates in the La Paz/Mohave Region

GEOGRAPHY	% COMPLETED RECOMMENDED VACCINATION SERIES, 0- 24 MONTHS	% COMPLETED RECOMMENDED VACCINATION SERIES, 19-35 MONTHS
Arizona	70%	41%
La Paz/Mohave Region	64%	36%
La Paz County	49%	44%
Mohave County	66%	35%
Colorado City	60%	16%
Littlefield / Beaver Dam	77%	44%
Dolan Springs	53%	26%
Bullhead City	63%	35%
Fort Mohave	55%	27%
Mohave Valley	51%	35%
Kingman	71%	39%
Golden Valley	77%	44%
Lake Havasu City	68%	35%
Topock	50%	33%
Parker	49%	48%
Wenden / Salome	55%	31%
Ehrenberg	25%	33%
Quartzsite	59%	39%

Source: Arizona Department of Health Services, April 2012

Note: Vaccination data is not available for the Ft. Mojave Indian Tribe

The Arizona Daily Star newspaper released a special investigative report about immunizations in May 2012, which found that one in three schools in Arizona had low enough vaccination levels to be considered “unsafe”. (In order to effectively prevent the spread of infection, vaccination rates must be 80 percent to 90 percent, depending on the disease). The report cited lack of parent education about the purpose and importance of vaccination as a contributing factor to the decrease in vaccination rates. Many parents in Arizona fear that immunizing their children will have health repercussions, the report said. Results from this investigative report suggest that increasing parent education about immunization may be needed to help bolster immunization rates in young children.

In addition, key informants in the region noted that lack of local health care facilities where people can take their children to receive immunizations is a challenge. A few of the smaller communities in the region have access to a health care facility locally (e.g. Salome/Wenden and Beaver Dam/Littlefield areas). When this is the case, these facilities are clearly a major asset. However, families in several other communities must travel to access even basic care such as immunizations and Well Baby/Child checks. Informants in some of these communities perceived that the lack of a local health care facility together with limited access to transportation results in low rates of children with up-to-date immunizations. Several informants suggested that a mobile immunization clinic that would visit the community regularly (suggestions ranged from once a month to once a year) would make a big difference in the immunization rates in these communities.

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.⁴² Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."⁴³ A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.⁴⁴ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities.⁴⁴ Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of emotion expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.⁴⁵

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use, or children with physical health problems); and 3) providing intensive services with mental

⁴² *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

⁴³ Zero to Three Infant Mental Health Task force Steering Committee, 2001

⁴⁴ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

⁴⁵ Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

health professionals for infants, toddlers and their families who face very challenging situations and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress.⁴⁴

In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees⁴⁶, or approximately 8,000 young children statewide. With about 546,600 children aged birth to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system⁴⁷. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.⁴⁸

Table 28. Enrollment in Public Behavioral Health System

COUNTIES	REGIONAL BEHAVIORAL HEALTH AUTHORITY / TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY	NUMBER ENROLLED	PERCENT OF ALL CLIENTS STATEWIDE WHO ARE ENROLLED
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13%
La Paz, Yuma, Cochise, Gila, Graham, Greenlee, Santa Cruz, Pinal	Cenpatico Behavioral Health System (CBHS)	22,980	11%
Pima	Community Partnership of Southern Arizona (CPSA)	44,223	22%
Maricopa	Magellan of Arizona	106,008	52%
Tribal Authority	Navajo Nation	1,937	1%
Tribal Authority	Gila River Indian Community	1,519	1%

⁴⁶ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

⁴⁷ Woodworth, R. (1994,). Grandparent-headed households and their grandchildren: A special report. Washington, DC: AARP Grandparent Information Center.

⁴⁸ U.S. Department of Health and Human Services. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Author.

Tribal Authority	Pascua Yaqui	1,158	1%
Tribal Authority	White Mountain Apache	295	0.1%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

In an effort to provide more information and training on early childhood mental health needs and resources, the Mohave County Superior Court Infant Toddler Mental Health Team provides trainings on child welfare issues, including the importance of attachment, for both parents and professionals who interact with small children (e.g., attorneys, CPS workers, mental health providers, public health workers, etc).

Key informants in the region identified the limited access to behavioral health services in their communities as a challenge. In addition to the overall shortage of providers in the area, informants emphasized that options for care are especially limited for families whose incomes are above the AHCCCS threshold but private insurance coverage and cannot afford to pay for services out-of-pocket.

Helping parents to better understand the behavioral health system and setting up treatment goals may also aid families in some communities make the best out of existing services. Key informants noted that in some areas behavioral health services have a negative reputation among community members due to misinformation about treatment (both the process and the outcomes). Parents, informants said, are often fearful and frustrated and develop unrealistic, high expectations about treatment results. In addition, some parents are concerned about the possibility of the involvement of Child Protective Services if they seek help. This may result in parents failing to seek treatment and limited parent involvement in the child's treatment.

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2010, there were 862 child fatalities (aged birth to 18). Of these, 75 percent (645) were young children between birth and 5 years old.⁴⁹ Most of these deaths (334, or 52%) were during the neonatal period (birth-27 days), and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-third (192, or 30%) were during infancy (28-365 days), of which over half were due to natural causes, and one quarter were undetermined (primarily attributed to Sudden Infant Death Syndrome). Nearly one in five deaths in early childhood (119, or 18%) were of children one to four years of age. In this age group, natural causes continued to be a leading feature (44%), but accidental deaths (including drownings) are higher in this older age group (44%). Fifteen children across the state between birth and five were victims of homicide in 2010.

⁴⁹ Arizona Child Fatality Review Program, 2010 http://www.azdhs.gov/phs/owch/pdf/cfr/Eighteenth-Annual-CFR-Report_Nov2011.pdf

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 10% of cases, there were unable to determine preventability). Based on these reviews, the teams concluded that 11 percent of perinatal deaths, 38 percent of infant deaths, and 54 percent of young child deaths were preventable.

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Nine percent (55) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

There is a joint Child Fatality Review Team for La Paz and Mohave Counties, and data for these counties are combined for reporting purposes. There were 24 child fatalities in La Paz and Mohave Counties in 2010 (2 in La Paz County and 22 in Mohave). Of these, 15 (63%) of those were children between birth and five years old. Detailed data by age group were not available at the county level, but the causes and manner of death across age groups are presented in Table 29. There were no child suicides or deaths of undetermined manner in La Paz and Mohave Counties in 2010. Medical causes were the leading cause of death, which is similar to the rest of the state. Although prematurity was the second leading cause of death in the rest of the state (accounting for 23% of deaths), it was substantially lower in these two counties, accounting for eight percent of deaths. Both fire/burn (17% of deaths) and poisoning (8% of deaths) were higher in La Paz and Mohave Counties than in the remainder of Arizona, where they accounted for less than one percent (fire/burn) and two percent (poisoning) of child deaths in 2010.⁵⁰

The local La Paz and Mohave Child Fatality Review Team determined that 12 (50%) of the deaths were preventable; that drugs and/or alcohol was a contributing factor in 8 (33%) of the deaths; that lack of supervision was a contributing factor in 4 (17%) of deaths; and that motor vehicle speed and lack of motor vehicle restraint each contributed to one death (4% each) (more than one factor may have been identified for each death).

⁵⁰ Arizona Child Fatality Review Program, 2010
<http://www.azdhs.gov/phs/owch/pdf/cfrr/2010/2010LaPazMohaveCounties.pdf>

Table 29. Deaths Among Children by Cause and Manner, La Paz & Mohave Counties, 2010 (n=24)

CAUSE	MANNER			
	NATURAL	ACCIDENT	HOMICIDE	TOTAL
Medical*	12	0	0	12
Prematurity	2	0	0	2
Motor vehicle crash	0	2	0	2
Suffocation	0	1	0	1
Poisoning	0	2	0	2
Fire/Burn	0	4	0	4
Exposure	0	0	1	1
Total	14	9	1	24

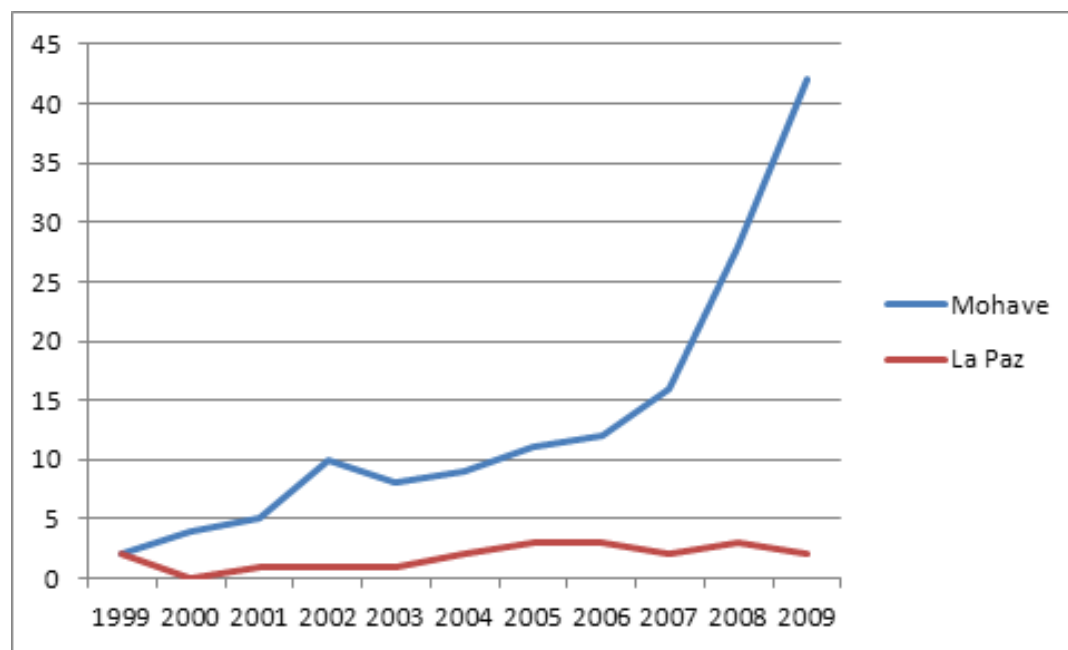
*Excludes prematurity and SIDS

Source: Arizona Child Fatality Review Program

Drug Use

Key informants and community focus group participants, particularly those in Mohave County, often cited drug use as an issue for many young families, noting that it has implications for family disruption and family poverty. Direct data on the impact of drug use in the area are hard to come by. However, vital records data on deaths by accidental drug poisoning (which primarily includes illicit drug overdose) demonstrate that although such deaths have remained low in La Paz County, they have increased dramatically in Mohave County over the most recent years for which these data were available, suggesting an increasing problem with substance abuse in the county.

Figure 25. Deaths from accidental drug poisoning (overdose) in La Paz and Mohave County, 1999-2009



Data Source: ADHS Vital Records, Table 8-8, Drug Related Deaths by County

A 2009 Arizona Statewide Substance Abuse Epidemiology Profile provides data about youth self-reported illicit drug consumption by Community Health Analysis Area (CHAA). In the La Paz / Mohave Region, students in the Lake Havasu City, Kingman, and Dolan Springs communities reported a relatively low rate of any drug use in the past 30 days (14.77-17.81%; between 1.5 and 0.5 standard deviations below the mean for the state). Littlefield, Bullhead City, and Quartzsite/Salome communities reported a rate of student drug use at about the average for the state (17.82%-20.86%). The highest rate of reported student drug use in the La Paz / Mohave Region occurred in the Fort Mohave and Parker communities (20.87%-23.91%; between 0.5 and 1.5 standard deviations above the mean for the state).

Several key informants identified substance abuse as a major challenge that families in the region face. Informants expressed concerns about the effects of substance abuse on children's wellbeing both physiologically (e.g. fetal alcohol syndrome) and socially (e.g. parent incarceration that results in children becoming homeless or living with other caregivers such as relatives and foster parents). Key informants also added that sometimes community norms are a challenge, as acceptance of drinking and alcohol abuse is prevalent, and there is often limited enforcement of existing ordinances against hosting underage drinking.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems,

including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.⁵¹

Screenings conducted in Arizona preschools in 2008-2009 found that 28 percent of children aged 0-4 had untreated tooth decay, with 37 percent of four year olds being identified as needing dental care within weeks to avoid more significant problems. Three percent of four year olds were identified as having urgent treatments due to severe decay.⁵² Arizona had nearly twice the proportion of children aged 2-4 with untreated tooth decay (30%) compared to the US as a whole (16%) and were more than three times higher than the Healthy People 2010 target of 9 percent. Untreated decay was highest amongst children whose parents had less than a high school education.⁵³ Although regionally-specific data are not currently available, the fact that much of the region is considered a dental health professional shortage area (see page 62), and key informant concerns about the lack of availability of pediatric dental care, suggest that poor oral health is likely to be a challenge in the region.

The costs of dental care can be prohibitive for families not covered by insurance. A 2011 survey of dental providers across the state found that self-pay costs for new patient exams (with x-rays and cleaning) ranged from \$160 to \$200 in La Paz County and from \$240 to \$290 in Mohave County. Costs for cavity fillings ranged from \$100 to \$225 across the Region.⁵⁴ However, the costs of avoiding early care can be higher. The Arizona Department of Health Services Office of Oral Health notes that even young children with tooth decay can require crowns (\$700-\$1,200 in the Region), root canals (\$500-\$1,000) and/or extractions (\$100-\$229).

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult

⁵¹ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

⁵² Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

⁵³ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

⁵⁴ Arizona Developmental Disabilities Planning Council (2011). *Oral Healthcare for Adults with Developmental Disabilities in Arizona*. <http://www.azgovernor.gov/DDPC/documents/Reports/OralHealthcareElect2012.pdf>, page

obesity, with its related health risks. As is the case with adults, childhood obesity disproportionately affects low-income and minority children.⁵⁵ National surveillance data indicates that there has been a rapid increase in obese youth aged 10 to 17 in Arizona, rising from about 12 percent in 2003 to about 18 percent in 2007⁵⁶.

Data on the weight status of low-income young children in Mohave County enrolled in the Women, Infants and Children (WIC) program are available through the Pediatric and Pregnancy Surveillance Systems.⁵⁷ These data show that a similar percentage of low-income young children in Mohave County are overweight and obese as other low-income children statewide. These rates of obesity are considerably higher than the target rate set by Healthy 2020, however.

Table 30. Breastfeeding, Overweight, and Obesity in Mohave County

	Healthy People 2020 Target	Arizona WIC	Mohave County WIC
Percent Breastfed Ever	82%	65%	64%
Percent Breastfed at least 6 months	61%	26%	20%
Percent Breastfed at least 6 months (exclusive breastfeeding)	26%	6%	6%
Percent Overweight (age 2-5)	xx	16%	15%
Percent Obese (age 2-5)	9.6%	14%	12%

Source: Arizona 2009-2011 Pediatric Nutrition Surveillance, Table 6B; Arizona 2009-2011 Pediatric Nutrition Surveillance, Table 7b; Healthy People 2020, Maternal, Infant and Child Health & Nutrition and Weight Status

Studies have shown that breastfeeding, particularly exclusive breastfeeding, has a protective effect against pediatric overweight, and that effect may persist into the teenage years and adulthood⁵⁸. The rates of breastfeeding in the Mohave County WIC population are

⁵⁵ Centers for Disease Control and Prevention (2010). Obesity prevalence among low-income, preschool-aged children—United States, 1998-2008 <http://jama.jamanetwork.com/article.aspx?volume=303&issue=1&page=28>

⁵⁶ <http://www.azdhs.gov/phs/bnp/nupao/documents/TFAH2010FasInFat06.pdf>

⁵⁷ http://www.azdhs.gov/azwic/documents/F2F/PediatricPregnancySurveillanceSystems_PedNSS_PNSS.pdf

⁵⁸ Centers for Disease Control (2007). Research to Practice Series, No. 4. Accessed at: http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf

considerably lower than the Healthy People 2020 Target. However, key informants in the Colorado City/Centennial Park area reported that there are high rates of breastfeeding in that community. Although specific data are not available at the local level, these informants credit high rates of breastfeeding, along with the availability of community gardens and a community value of healthy eating, with lower rates of obesity rates in that area.

Family Support

Key informants highlighted the various ways in which the economic recession has impacted families in these communities. Limited job opportunities, high unemployment rates and the rising cost of living have resulted in more “mobile children” whose families move frequently in search of more affordable housing. This appears to be particularly prevalent in communities such as Bullhead City, Dolan Springs and Golden Valley, where children often change schools mid-year. The instability of the local population challenges the continuity of programs in schools and other local agencies.

In addition, there is a shared sense among some service providers in the more rural communities of “not knowing where the children are” (especially when they are made aware of the Census count of young children in their areas). They perceive that many families hardly ever get in touch with the institutions and agencies providing services in their communities (and this may even include the local schools, as some of these may be homeschooled children). Lack of transportation may partly explain the difficulty these families have in accessing services. However, informants also indicated that many families in the more remote rural areas have a mistrust of government that is also reflected in low participation in assistance programs such as SANP and TANF.

Lack of transportation was identified by key informants throughout the region as a major challenge that affects many aspects of a family’s wellbeing. Limited transportation may result in lost job opportunities. Without transportation, families are often unable to access services available to them including basic health services such as Well Baby/Child checks and immunizations. Even for families who own a vehicle, the rising costs of fuel may keep families from taking advantage of opportunities that require regular driving. An informant who noted a decrease in preschool enrollment in her area said: “Driving children to preschool has simply become too expensive. Families cannot afford gasoline.”

Key informants also expressed a concern about the high proportion of families that rely on employment from the numerous casinos in the area (especially for the communities near the border with Nevada). High lay-off rates and irregular work hours (with the consequent need for flexible childcare that is available at night and over the weekend) can have a strong impact on a family’s wellbeing. Irregular work schedules can also be an obstacle for parent participation in other opportunities such as parent education.

A rising number of children are being cared by relatives other than their parents. Although specific regional data were not available to speak to this, community members report that this is often due to parents being incarcerated because of drug-related crimes. Informants in communities such as Dolan Springs, Golden Valley and Kingman noticed that many of these children are living with their grandparent or even great grandparents, who do not always know

how to access support services available to them. Some suggested the need for a support group for grandparents who are caregivers.

As it was the case in the 2010 La Paz/Mohave Region Needs and Assets Report, key informants expressed once more the need for more infrastructure and activities available in these small communities for young children. Lack of recreational facilities and places for families to spend time together, especially during the summer, were again mentioned among the challenges families face in these communities. “There is nothing around here for little children,” various informants said.

Although informants noted a need for more organized activities for young children, some of them also indicated there is low uptake of the limited opportunities currently available (e.g. low turnout at the libraries’ story time). This low participation may be in part explained by limited awareness and understanding among parents of the relevance of these types of early education opportunities in their children’s development. The “Parent Education” subsection below further elaborates on this topic.

As in 2010, key informants agree that one of the best aspects of parenting in cities and towns in the region is living in a ‘small community’, where ‘it’s manageable’ and where ‘everyone knows everybody else’.

Home Visitation Programs

Programs that work one-on-one with families can provide more tailored educational efforts. Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children with risk factors for child abuse or neglect, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families.

In FY2012, 359 families were served through the La Paz/Mohave Region’s funded home visitation strategy. First Things First-funded home visitation programs in the region include Healthy Families, Bright Start, and home-based Early Head Start (provided by the Learning Center for Families in Littlefield/Beaver Dam and Colorado City). The La Paz/Mohave Regional Partnership Council’s FY 2013 funding plan includes expansion of home visitation efforts to specifically target La Paz County, northern Mohave County (including Colorado City and Littlefield), and the Fort Mojave Indian Tribe. The Learning Center for Families⁵⁹, a notable resource for early childhood education and family support in the “Arizona Strip”, offers home visitation in northern Mohave County communities.

⁵⁹ For more information about The Learning Center for Families, please visit: <http://www.tlc4families.org>.

Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children⁶⁰, and educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus. The table below contains survey data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, as described by the Arizona Health Survey, 2010. The Arizona Health Survey parses survey data into 5 different regions. The families from the La Paz/Mohave Regional Partnership Council fall into two separate AHS regions: Mohave County families are included in Region 1, which also includes other northern counties (Coconino, Navajo, Apache and Yavapai); La Paz County is included in Region 2, with Yuma.

Table 31. Parental Involvement in Child's Growth and Development

	READ OR TELL STORIES PER WEEK			PLAY MUSIC OR SING PER WEEK			GO TO PARK PER MONTH			GO TO THE LIBRARY PER MONTH		
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less
State Totals	65.6%	24.0%	10.4%	71.1%	18.6%	10.3%	19.4%	24.9%	55.7%	57.5%	20.1%	22.4%
Regions												
Region 1 (Mohave , Coconino, Navajo, Apache, Yavapai)	74.0%	19.7%	6.2%	71.8%	23.0%	5.2%	22.7%	23.6%	53.7%	60.6%	15.7%	23.7%
Region 2 (Yuma, La Paz)	43.2%	32.4%	24.4%	60.0%	25.3%	14.7%	25.6%	24.0%	50.4%	59.7%	24.1%	16.2%
Region 3 (Graham, Greenlee, Cochise, Santa Cruz, Pinal, Gila)	61.4%	29.0%	9.7%	71.6%	17.0%	11.4%	17.8%	32.4%	49.8%	67.0%	17.7%	15.3%
Region 4 (Pima)	36.4%	26.0%	10.6%	68.8%	22.9%	8.3%	24.4%	27.5%	48.1%	57.6%	22.5%	19.9%
Region 5 (Maricopa)	66.7%	23.1%	10.2%	71.9%	16.8%	11.3%	17.7%	23.5%	58.8%	54.8%	20.4%	24.8%

Source: Arizona Health Survey, 2010

Poverty status and educational status emerged as important factors influencing parental involvement in this survey. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis.

⁶⁰ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

The majority of key informants interviewed for this report agreed that parent education continues to be one of the most pressing needs in the region.

Improving parents' understanding of the importance of children's early years to their future growth and development, and parents' role in supporting that, seems crucial. Increasing the availability of services may not be enough for parents to take advantage of such services if increased availability is not accompanied by promoting an enhanced relevance of early childhood issues. This lack of relevance and awareness has been noted by key informants in low uptake of educational opportunities such as reading nights, developmental screening opportunities, and other events, even when they are offered free-of-cost. As a result, opportunities may "dissolve" because they are not taken advantage of.

A lack of awareness among parents of the importance of early childhood education may also in part explain the lack of basic skills among children entering kindergarten noticed by key informants. The lower rates of educational attainment in the county (see *Educational Indicators*, above), however, and the accompanying lower adult literacy, compounds the challenge of getting appropriate information into the hands of parents.

Key informants also highlighted the need for parenting education around early identification of developmental delays and the importance of proper follow up after children are diagnosed with a delay. There is a concern that parents are not identifying children with developmental delays early on. Often, they see no need to intervene because they think: 'he will learn that when he goes to school.'" As a consequence, they fail to follow-up after their children are screened and they are told they need to see a specialist.

The La Paz/Mohave Regional Partnership Council has recognized parent education as an important service to increase in the communities it serves. Parent education is being targeted in several ways. The region's Home Visitation strategy serves to provide voluntary parents with education on a variety of topics, including child development, parenting skills, and literacy. Beginning in FY 2013, the La Paz/Mohave Regional Partnership Council is allocating family support funding to new parent education programs, such as Parent Coaching for Children with Special Needs. The Parent Coaching for Children with Special Needs strategy will provide services (including group activities and parent coaching) for parents of children who have special needs and are not eligible for other programs, in order to help these children reach their fullest potential. Parenting coaching will include the ongoing screening and monitoring of the child, individual visits, and coordination of services for the family.

Child Abuse and Neglect

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification

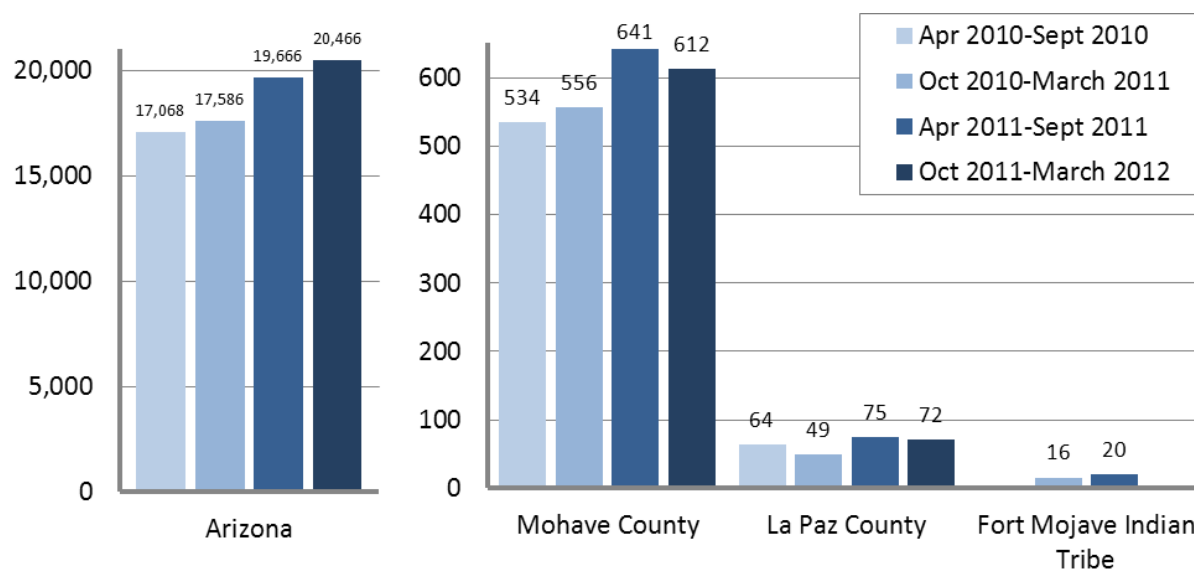
of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.⁶¹

The Arizona Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors.

The Arizona Department of Economic Security (DES) produces a semi-annual report on child welfare services. The figures below show the reports received of alleged abuse and neglect in the Region.⁶² Data for the Fort Mojave Indian Tribe is reported and recorded differently than that in the rest of the Region. Where categories overlap, e.g., type of abuse reported, data for Fort Mojave Indian Tribe is included.

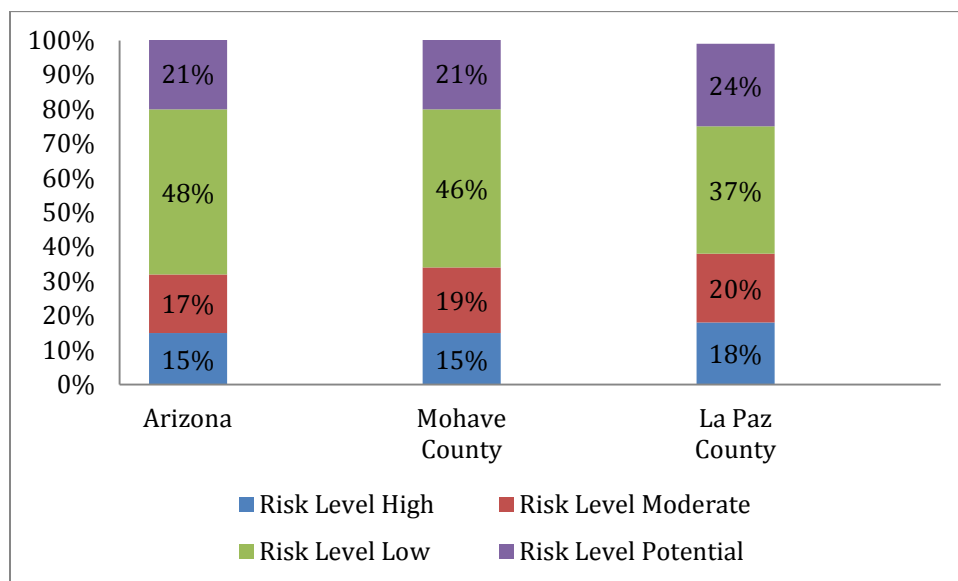
Reports of child abuse and neglect have been increasing across the state, and have gone up since 2010 in the Region, as well. The assessed risk of child welfare reports in La Paz and Mohave counties tend to be similar to that seen in the state as a whole.

Figure 26. Child Welfare Reports (April 2010-March 2012)



⁶¹ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

⁶² For clarity of reporting, we have summed the semi-annual totals. Because DES totals are revised with each reporting period to reflect updated investigation, these data are subject to change, and should therefore be seen as estimates. For that reason, we report on updated data for the Oct 2010-Sept 11 time period for the level, type and substantiated findings.

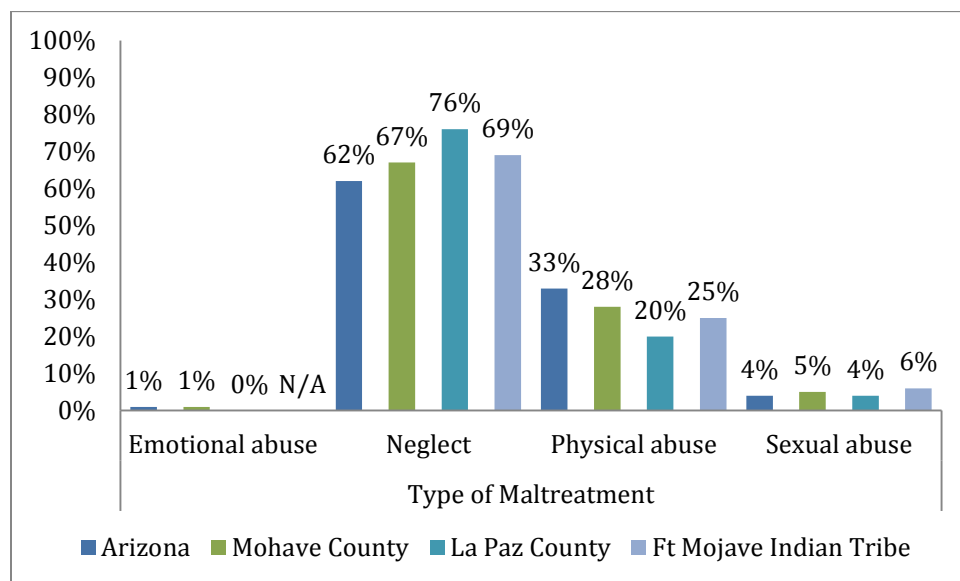
Figure 27. Assessed Risk of Child Welfare Reports (Oct 2010-March 2011)

Source: Arizona Department of Economic Security, Division of Children, Youth and Families, 2012.

Error! Reference source not found. shows that there is also a similar mix of type of maltreatment in the counties and the Ft. Mojave Indian Tribe as seen across the state.⁶³ It is important to note that these figures show child welfare *reports*; a relatively small proportion of the reports are substantiated after investigation. Substantiated reports are those where at least one of the allegations in the report of abuse and neglect is determined to be true. These numbers are often revised upwards in subsequent reports because of the time needed to complete investigations and to assure that parents have their rights to due process met. Statewide, for the October 2010- March 2011 reporting period, 13 percent of the cases were substantiated; for the same period, only 1 case in La Paz County and 17 cases in Mohave County were substantiated (as of 30 September, 2011) (data for Fort Mojave Indian Tribe are not available).

⁶³ The small numbers in the Ft. Mojave Indian Tribe and in La Paz County are more subject to random fluctuation than are Mohave County and the state, making them more challenging to interpret for a single time period.

Figure 28. Type of Maltreatment, Child Welfare Reports (Oct 2010-March 2011)



Source for all but Fort Mojave Indian Tribe: Arizona Department of Economic Security, Division of Children, Youth and Families, 2012.

Source for Fort Mojave Indian Tribe: Fort Mojave Indian Tribe Social Services Department, 2010. Fort Mojave Indian Tribe Social Services Department, 2012.

Data on the number of children removed from their homes by CPS is available by zip code (Arizona Department of Economic Security, Division of Children, Youth and Families, 2011). The table below shows the number of removals within the Region and by community from 2007 to 2010. (Details on removals by zip code are included in Appendix xx).

Table 32. Number of Children Removed by Community

Community	Number of children (all ages) removed		
	Calendar Year 2007	Calendar Year 2009	Calendar Year 2010
ARIZONA	7418	7532	7872
LA PAZ/MOHAVE REGION	190	169	254
Community-level*			
Bullhead City	38	45	48
Colorado City		3	
Dolan Springs		1	2
Ehrenberg	2	2	
Fort Mohave	6	6	5
Golden Valley	13	10	30
Kingman	68	70	90
Lake Havasu City	31	19	43
Littlefield/Beaver Dam	1		1
Fort Mohave/Mohave Valley	2	2	8
Parker	10	2	6
Quartzsite			1
Topock	2		3
Wenden/Salome		1	1

*Only zip codes identified as belonging to the focus communities are included; community-level data therefore will not sum to the Region total

Source: Arizona Department of Economic Security, Division of Children, Youth and Families, 2011

Note: Data are not available for the Fort Mojave Indian Tribe.

Child welfare numbers are difficult to interpret across years because they are influenced by numerous factors, including the availability of trained staff to investigate allegations of abuse and neglect, the services available to maintain children safely in their home, and the availability of out-of-home placements. The 2011 semi-annual report on child welfare in Arizona acknowledged that the Division of Children, Youth and Families has been impacted by vacancies in specialist positions, economic factors creating increasingly complex family situations, and a reduction in behavioral health services for both adults and children. The report also notes

challenges in substantiating many allegations of abuse and neglect due to omissions in current state laws about many situations related to child sexual abuse or neglect.⁶⁴

Key informants noted the challenge of finding foster homes in the smaller communities in the region where many families are related or know each other closely and this can easily result in conflict. In addition, many families often lack the material resources to become foster homes. Informants also highlighted the need for support for relatives taking care of children informally (without legal custody or being formal foster guardians) and of providing training to foster parents in how to deal with children who have suffered from abuse.

Data on the number of children placed in foster care was also available from the Fort Mojave Indian Tribe. During FY2009-2010, there were a total of 26 children (all ages) placed in foster care. Of those, 6 were children 0 to 5 years of age. In FY2010-2011 31 children were in foster care and 5 of them were under the age of 6. In FY2011-2012 the total number of children in foster care was 24, and 13 of them were children ages 0 to 5. In FY2011-2012 there were fewer foster homes (both tribal and non-tribal) available at the Fort Mohave Indian Tribe compared to the previous two years. (Fort Mojave Indian Tribe Social Services Department, 2012).

Incarcerated Parents

In Arizona, 3 percent of youth under 18 are estimated to have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents⁶⁵.

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.⁶⁶ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so⁶⁷ and the Arizona

⁶⁴ Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families (2011). *Child Welfare Reporting Requirements Semi-Annual Report for the Period of October 1, 2010 through March 31, 2011*. Phoenix, Arizona.

⁶⁵ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁶⁶ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

⁶⁷ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.⁶⁸

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

There are four domestic violence shelters in the La Paz/Mohave Region. In 2011, 572 people in La Paz and Mohave Counties received services for domestic violence, with children representing 42 percent of those served. This is slightly less than the proportion represented by children statewide, which was about 48 percent. The average length of stay in La Paz and Mohave counties ranged from 14 to 51 days, depending on the shelter. Domestic violence shelters in La Paz and Mohave counties received 1,010 hotline and Information & Referral calls, representing about four percent of the state's total 28,273.⁶⁹

⁶⁸ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁶⁹ Arizona Department of Economic Security. (2011). *Domestic Violence Shelter Fund Report for SFY 2011*. Phoenix, Arizona.

Table 33. Domestic Violence Shelters and Services Provided

Domestic Violence Shelters	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I&R Calls
ARIZONA	9,769	5,117	4,652	332,967	29	157,615	28,273
LA PAZ and MOHAVE COUNTIES	572	331	241	20,520		5,542	1,010
Colorado River Regional Crisis Shelter	115	58	57	4,023	29	2,194	142
Kingman Aid to Abused People	217	137	80	6,123	15	2,629	519
Sally's Place - S. S. Interagency Council Lake Havasu City	123	76	47	5,608	51	415	175
WestCare Arizona Safe House	117	60	57	4,766	31	304	174

Source: Department of Economic Security, Division of Aging and Adult Services: Domestic Violence Shelter Fund Report, SFY 2011.

In Arizona, a nine- agency State Agency Coordination Team (SACT) meets monthly to address issues of common concern for domestic violence and sexual assault programs across the state.⁷⁰ In 2010, the SACT convened a series of Regional Community Conversations to identify priorities to guide the development of policies, programs and services for domestic violence and other violent crime. A joint meeting was held for La Paz and Mohave County community members, attended by representatives of 19 agencies across the two counties. The regional needs identified as priorities were: short and long term housing; transportation; child care; legal services; education; community awareness; and a multiservice or advocacy center in the region.⁷¹

Homelessness

In Arizona in 2011, 10,504 people were documented as homeless, a homelessness rate of about 16 per 10,000 residents. Of these people, 4,101 (39%) were part of families. [ref]

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. Of the school districts in the La Paz/Mohave Region, both Salome and Wenden have 100 percent

⁷⁰ The member agencies are: Arizona Criminal Justice Commission (ACJC); Arizona Department of Corrections (ADC); Arizona Department of Economic Security (DES); Arizona Department of Health Services (DHS); Arizona Department of Housing (ADOH); Arizona Department of Public Safety (DPS); Arizona Supreme Court; Administrative Office of the Courts (AOC); Governor's Office for Children, Youth and Families (GOCYF); Office of the Arizona Attorney General (AG)

⁷¹ State Agency Coordination Team (2010) Arizona Regional Community Conversations 2010. Provided by Arizona Department of Health Services

of their preschool and elementary students classified as economically disadvantaged. Kingman Unified District reports the highest percentage of homeless students (5%).

Table 34. Economic Disadvantage and Homelessness in La Paz/Mohave School Districts

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGE STUDENTS		HOMELESS STUDENTS	
Bouse Elementary District	1	39	-		-	
Bullhead City School District	7	2,645	1,906	72%	11	<1%
Colorado City Unified District	1	288	204	71%	-	
Hackberry School District	2	38	-		-	
Kingman Unified School District	10	4,074	2,600	64%	210	5%
Lake Havasu Unified District	6	3,072	1,653	54%	104	3%
Littlefield Unified District	1	313	142	45%	-	
Mohave Valley Elementary District	3	1,378	879	64%	53	4%
Owens-Whitney Elementary District	1	20	12	60%	-	
Parker Unified School District	3	1,045	834	80%	23	2%
Quartzsite Elementary District	2	194	163	84%	-	
Salome Consolidated Elementary District	1	91	91	100%	-	
Topock Elementary District	1	114	94	82%	5	4%
Valentine Elementary District	1	120	-		-	
Wenden Elementary District	1	81	81	100%	-	
Yucca Elementary District	1	19	16	84%	-	

SOURCE: ADE Preschool & Elementary Needs, 2011

The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing programs, permanent supportive housing, street outreach, homeless prevention and rapid re-housing, and service providers in all thirteen counties in Arizona. HMIS produces periodic program demographics report for each HMIS region, with the intent that this information may be used to assess local service needs. The La Paz / Mohave Region falls into HMIS Region 1, which includes Mohave, La Paz and Yuma counties. For the purposes of this report, data were provided by HMIS for the La Paz/Mohave Region alone. There are no providers from La Paz County who contribute data to HMIS, though some La Paz residents may access services in Mohave County, and so be included in these numbers (and some may access services in Yuma County, but those numbers are not captured here).

A total of 606 clients were provided with homelessness services between July 2010 and July 2011. Of these, about half (284 people) were identified as part of 95 families. There were 141 children (birth to 17) served, and one third of these (41) were children aged 0 to 5. One third of children birth to five who were receiving homelessness services were receiving food stamps, one third were on AHCCCS and only 15 percent were enrolled in WIC. Of those asked, about 20 percent of the adults in families reported being victims of domestic violence.

A large proportion (94%) of the children 0 to 5 were served by the Housing Prevention & Rapid Re-housing Program (HPRP). HPRP was an American Recovery and Reinvestment Act (ARRA, aka Federal Stimulus) program that was designed to help prevent homelessness for persons about to lose their housing and to rapidly re-house those that recently became homeless. This was a three year program that started in 2009 and is now ending.

Key informants note that there are a limited number of shelters or transitional housing programs that serve families in the area, so the numbers reported may not capture the complete need for housing services in the Region. In fact, the school data presented in Table 34, show 406 elementary school-aged students across the Region identified as homeless, nearly three times the number served by homelessness service providers.

Public Information and Awareness

The primary quantitative data source for Public Awareness in the Region is the First Things First Family and Community survey (FCS) (First Things First, 2009). Compared to the statewide findings, respondents in La Paz/Mohave County more often agreed that frequent changes in childcare providers were detrimental to an infant's development.

Table 35. FCS: Impact of Frequent Changes in Childcare Providers
How do frequent changes in childcare providers impact an infant's development?

	FREQUENT CHANGES ARE POSITIVE	FREQUENT CHANGES HAVE NO IMPACT	FREQUENT CHANGES ARE NEGATIVE	NOT SURE
Arizona	9%	9%	74%	8%
La Paz/Mohave	6%	6%	80%	7%

Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data

First Things First has noted that the final sample of survey participants was not fully representative of Arizona's population of parents with children 0-5. Weights were therefore calculated and applied to more accurately represent poverty/income, family structure, and ethnicity in the Regional Partnership Council areas.

Table 36. Regular Visits at the Same Doctor's Office*My child/children age 5 and under have regular visits at the same doctor's office.*

		Estimate
La Paz/Mohave	Strongly agree	92.6%
	Somewhat agree	1.4%
	Somewhat disagree	3.5%
	Strongly disagree	2.5%

*Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data***Table 37. Familiarity with Medical Provider***My regular medical provider knows my family well and helps us make healthy decisions.*

		Estimate
La Paz/Mohave	Strongly agree	83.7%
	Somewhat agree	7.8%
	Somewhat disagree	4.6%
	Strongly disagree	3.2%
	Not sure	.7%

*Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data***Table 38. Regular Visits with the Same Dental Provider***My child/children age 5 and under age regular visits with the same dental provider.*

		Estimate
La Paz/Mohave	Strongly agree	74.9%
	Somewhat agree	7.4%
	Somewhat disagree	.7%
	Strongly disagree	10.3%
	Not sure	6.7%

Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data

Table 39. Distance from Dental Care*How many miles do you have to go to get dental care for your children age 5 and under?*

		Estimate
La Paz/Mohave	Less than 5 miles	65.2%
	5-10 miles	15.6%
	10-20 miles	6.0%
	More than 20 miles	5.7%
	None available	7.4%

*Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data***Table 40. Perception of Child's Overall Health***Compared with other children age 5 and under, would you say that your child's health is...?*

		Estimate
La Paz/Mohave	Excellent	77.5%
	Very good	13.7%
	Good	6.7%
	Fair	1.4%
	Poor	.7%

Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data

The overall results of the 2009 First Things First Family and Community Survey demonstrated challenges to access to and awareness of services for families with young children. For example:

- 38% of respondents indicated that the available family support services do not meet their family's needs
- 32% of respondents indicated that existing services do not adequately screen for problems or intervene appropriately
- 20% of respondents indicated that the available family support services are not offered at times that are convenient to them

Socioeconomic status emerged as an important factor in service satisfaction. While less than a third of higher SES parents reported being dissatisfied with family support service comprehensiveness, 56% of lower SES parents reported being dissatisfied with the comprehensiveness of available services. Lower SES parents also reported more challenges in obtaining early intervention services⁷²

⁷² First Things First (2009). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Phoenix, AZ.

Qualitative data from key informants in the region suggest that there is a need to improve awareness of the importance of early childhood education among parents in various communities in the region (see “Parent Education” section above). On the other hand, some key informants also noted that there has been a recent increase in the demand for more early learning opportunities, even if these are available only once or twice a week. This means that even parents who may choose to keep their children at home (instead of enrolling them at a childcare facility due to cost or preference) are interested in exposing their young children to early learning experiences.

Nevertheless, awareness of the services available to families continues to be limited. In some areas, community members often do not know where to look for support. As one informant put it: “People feel helpless.” However, accessing the appropriate services requires more than the mere knowledge of “who to call.” It is also about parents knowing what they need before they call and having a general knowledge about how the different support systems work. Parents in need of help are often uncertain about how to navigate the system and where to start. In addition, many parents may be mistrusting of the state agencies, and therefore fearful of asking for help. They may be afraid that Child Protective Services is going to intervene and remove their children; they may also simply be weary of being judged negatively. “Parents,” key informants said, “don’t want anyone to think that they are unable to adequately care for their kids.” Parents may also be concerned about the cost of services and this may deter them from accessing services.

In addition, making parents aware of services in small rural communities that are very spread out is difficult. An informant who spoke about letting people in the community know about her program said: “We’ve gone door to door before, but it takes us a whole day to cover four blocks.”

The importance of increasing parent awareness in the La Paz/Mohave Region was underscored by respondents to the region’s Strategic Planning Survey. When asked what the “number one priority” area for First Things First should be in order to best help children birth to five and their families, the second most common response was to “increase the number of families who report they are competent and confident in their ability to support their child’s safety, health and wellbeing. Moreover, nearly 70 percent of respondents indicated that parent awareness was a barrier to providing services for young children and their families. Parent awareness received an overall ranking of the third most important barrier, just behind cost (ranked number one) and lack of services/not enough services (ranked number two).⁷³

System Coordination

Informants agreed that one of the best ways to ensure that families access the services available to them is through collaboration and coordination among the agencies that provide these services.

⁷³ Strategic Planning Survey Results (2011). La Paz/Mohave Regional Partnership Council, Unpublished Data.

The level of coordination among agencies and programs targeting families with young children varies in the region. Informants in some communities highlighted local efforts to ensure service providers communicate with each other and with providers that visit the community regularly. On the other hand, parents often lack information about programs and services available to them due in part to lack of cross-agency communication and collaboration. One informant said in this regard: “We have a very rich community but are limited in our working knowledge of what is available.” Key informants in Kingman raised the possibility of a Family Resource Center that could serve as a hub for services to families, one saying “it would be a dream come true,” in terms of being able to provide centralized information and coordinated services.

Coordination may be facilitated in smaller communities where most service providers know each other. However, small community size is not a guarantee for collaboration, as even providers in these communities may be physically located right next to each other but lack mutual knowledge of the services they offer.

Communication and collaboration between tribal and non-tribal agencies is particularly relevant in areas like the La Paz/Mohave Region, which includes the Fort Mojave Indian Tribe and borders the Colorado River Indian Tribes and Hualapai Regions. The annual Cultural Awareness Conference sponsored by the Fort Mojave Indian Tribe is a good example of how communication among services providers can be enhanced. The Conference offers representatives of state and federal agencies that serve tribal members an opportunity to learn about the tribe’s history and culture. A better understanding of the needs of tribal members can also help improve collaborative efforts among the various agency representatives.

Key informants in the town of Parker, which is served by both La Paz/Mohave and Colorado River Indian Tribes Regions, emphasized the importance of making sure that programs and services offered are culturally appropriate. In some cases, this has been made possible through collaboration between representatives of tribal and non-tribal agencies where training and education is provided to staff in non-tribal agencies. The Colorado River Regional Crisis Shelter is an example of partnership between tribal and non-tribal agencies. The shelter works with the CRIT Domestic Violence advocate, who assists victims who are tribal members; the advocate also provides training to increase awareness and sensitivity among shelter staff with regards to coping and healing mechanisms among the Native population.

Another important collaborative effort in La Paz County is the Colorado River Regional Crisis Shelter’s Safe Home Network. Currently, about 20 individuals from a wide variety of agencies (including tribal agencies from the Colorado River Indian Tribes) regularly attend the Network’s monthly meeting. The Safe Home Network has built up trust and a good reputation in the community by holding its meetings consistently and bringing in skilled presenters who discuss a broad range of issues affecting the various ethnic and cultural groups that live in the area. Monthly meetings include a general information sharing session where participants provide information about new services or changes to existing programs. Participants can also use this space to discuss specific challenges they may be facing with their clients to see how they can assist each other. Discussion and planning of upcoming community events also takes place at these meetings. Each month one speaker is invited to present at length about a specific program or service so all participants have a chance to learn in detail about it. Hosting the Safe

Home Network has also allowed to shelter to serve as a hub for information and referrals about services available to families in the region. The Network gives participants an opportunity to build good working relationships with each other and thus be able to better meet the needs of their clients.

Although good collaborative networks exist in the region, community forum participants expressed a need for improved coordination among programs where there is still limited communication. Participants emphasized the need to increase the number of mutual referrals among agencies that serve the same population but are currently not referring clients to each other. A fear of “loosing clients” (and consequently losing funding for their programs) constitutes a barrier to improved collaboration and referrals, especially at a time of frequent budget cuts and dwindling funding.

Summary and Conclusion

This needs and assets report is the third biennial assessment of early education, health, and family support in the La Paz / Mohave Region. In addition to providing an overview of the Region, this report looks more closely at some of the community-level variation within it.

Through examining assembled quantitative data, and through analysis of qualitative data collected from key informants in the region, it is clear that the region has substantial strengths. These include: an increasing number of community-based and college professional development opportunities in early education; a decrease in births to young teenagers; Head Start, Early Head Start and Local Education Authority preschools that aim to provide high quality early education opportunities and support to parents; and a growing awareness of the importance of system coordination to support families across such a diverse Region. A table containing a full summary of identified regional assets can be found in Appendix 16.

However, there continue to be challenges to fully serving the needs of families with young children in the La Paz / Mohave Region. A table containing a full summary of identified regional challenges can be found in Appendix 17. Many of these have been recognized as ongoing issues by the La Paz / Mohave Regional Partnership Council and are being addressed by current FTF-supportive strategies in the region.

- **A lack of affordable, high quality and accessible child care** – With high unemployment and poverty rates in the Region, quality child care is out of the reach of many families. Quality First and Pre-Kindergarten Scholarships will be funded in order to address the need for affordable early childhood education. Although the Quality First rating of child care centers enrolled in the Quality First program is relatively low (1 and 2 stars), the fact that child care centers in the region are enrolling in the program demonstrates a commitment to improve the quality of early care and education they provide. Further, the La Paz/Mohave Regional Partnership Council is addressing the high rate of kith and kin care seen throughout the Region with its Family, Friend and Neighbor strategy, which provides education and resources to kith and kin caregivers.
- **Few resources in rural communities for children with special needs** – Key informants in many rural areas in the La Paz/Mohave Region expressed that there were few resources for children with special needs; families who do not qualify for publically-funded visitation programs (such as AzEIP) have particular difficulty accessing specialized supports and services, due to their high cost or unavailability. The Parent Coaching – Children with Special Needs strategy provides several services for families who have children with special needs that are not eligible for AzEIP, including group activities and parent coaching.
- **A need to raise the awareness of the importance of early childhood and a parent's role in supporting health and development** -- Lack of parent awareness about the

importance of their role in their child's early education has been raised as an issue by key informants and providers across the Region. In particular, lack of parent awareness about the importance of recognizing developmental delays and about proper follow up after diagnosis has been raised as a key concern. The La Paz/Mohave Regional Partnership Council has recognized parent awareness as a target area for improvement, and the Home Visitation and Community Outreach strategies are designed to address these challenges.

- **Limited access to behavioral health services in rural areas** – Behavioral health services are scarce in rural communities in the region, and are often unaffordable for families who do not qualify for free and reduced-price services. Key informants and Mohave County substance abuse overdose data suggest a rapid increase in substance abuse problems in the Region which contributes to a growing need for behavioral health services for affected families. A lack of specialized early childhood expertise contributes to the gap in available services. The FTF-supported Mohave County Superior Court Infant Toddler Mental Health Team provides training to professionals in various fields to help spread awareness of the importance of issues such as attachment, and overall infant mental health.

A table of La Paz / Mohave Regional Partnership Council funded strategies for fiscal year 2013 is provided in Appendix 18.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region.

- **A shortage of obstetric and pediatric health and dental providers in many rural communities** -- The shortage of providers contributes to higher rates of inadequate prenatal care, low birth weight and high infant mortality in parts of the region, as well as low rates of dental care and lower rates of identification of delays among young children. The reports of "mobile children" moving with their families as they seek lower cost housing also contributes to a lack of continuity of care. Highlighting these issues among collaborating service agencies may help identify additional services that could be referred to or developed to meet the needs of these vulnerable families.
- **Barriers to cross-state services in border communities** – For families living in communities that border California, Nevada, or Utah, services in these adjoining states are often most convenient to get to. However, there are barriers to utilizing cross-state services that often prevent families from being able access them. These include insurance barriers (e.g., cross-state providers who do not accept AHCCCS), and state-specific licenses held by providers that prohibit them from being able to provide services to those who reside out of state. Finding a way to subsidize cross-state licensing was raised as one way to help address this barrier to providing care in the border communities.

- **Low immunization rates** -- The La Paz/Mohave Region shows low immunization rates relative to state averages, and information gathered for this report suggests that increasing parent awareness about the importance of immunization may help increase immunization rates. Educational outreach about immunization could be promoted through existing regional strategies, such as home visitation.
- **Lack of literacy and adult education opportunities, particularly among Spanish-speaking families** -- Low rates of educational attainment impact employment opportunities and support for literacy in the home across the Region. Opportunities to improve literacy skills and pursue educational opportunities and were seen as particularly challenging for Spanish-speaking families, who may need English as a Second Language supports as well. Highlighting this issue among stakeholders who see themselves as advocates of this population may help identify avenues for improving educational opportunities for Spanish-speaking families.
- **Lack of transportation throughout region** – The lack of public transportation in the Region results in lost job opportunities for families, and contributes to a number of other challenges, including the access of health services, immunization clinics, well-baby checks, and child care. Finding innovative ways of centralizing services, or taking services to outlying areas, may be needed to help facilitate access in such a geographically widespread Region.
- **A need for a closer look at homelessness services for families.** Key informants noted that homelessness services for families in the Region are limited. Services that had been provided were funded under the Housing Prevention & Rapid Re-housing Program, a federal stimulus program that is coming to an end in 2012. Reports of the number of homeless students in the Region suggest that there may be substantial number of families needing services who are not receiving them.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the La Paz / Mohave Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the La Paz/Mohave Region for its small and often close-knit communities. These cooperative efforts have the long-term potential to further strengthen these communities, and to create a bright future for young children throughout the Region.

Appendix 1. Population Data by Zip Code Tabulation Area (ZCTA)

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
La Paz/Mohave Region	211,367	13,395	88,742	9,126	10%
La Paz County	20,489	1,227	9,198	822	9%
ZCTA 85325 Bouse	1,212	32	655	19	3%
ZCTA 85328 Cibola	259	10	126	7	6%
ZCTA 85334 Ehrenberg	1,482	90	650	66	10%
ZCTA 85344 (minus CRIT) Parker	2,489	86	1,304	69	5%
ZCTA 85346 Quartzsite	4,423	104	2,423	72	3%
ZCTA 85348 Salome	2,786	87	1,403	59	4%
ZCTA 85357 Wenden	761	79	301	45	15%
Mohave County	200,186	13,218	82,539	8,981	11%
ZCTA 85360 Wikieup	222	7	107	5	5%
ZCTA 86021 Colorado City	6,085	1,441	782	529	68%
ZCTA 86401 Kingman	24,289	1,669	9,625	1,199	12%
ZCTA 86403 Lake Havasu City	15,802	919	7,074	672	9%
ZCTA 86404 Desert Hills	16,243	829	7,322	638	9%
ZCTA 86406 Lake Havasu City	23,763	1,250	10,343	932	9%
ZCTA 86409 New Kingman-Butler	26,471	1,875	10,990	1,303	12%
ZCTA 86411 Hackberry	224	9	100	6	6%
ZCTA 86413 Golden Valley	12,103	491	4,637	326	7%
ZCTA 86426 Fort Mohave	13,863	834	5,556	617	11%
ZCTA 86429 Bullhead City	7,162	397	3,307	288	9%
ZCTA 86431 Chloride	403	8	228	5	2%
ZCTA 86432 Littlefield	3,933	280	1,556	196	13%
ZCTA 86433 Oatman	111	6	61	5	8%
ZCTA 86436 Topock	2,104	47	1,040	37	4%
ZCTA 86437 Valentine	76	6	29	2	7%
ZCTA 86438 Yucca	913	29	462	26	6%
ZCTA 86440 Mohave Valley	6,906	456	2,771	320	12%
ZCTA 86441 Dolan Springs	2,224	67	1,106	49	4%
ZCTA 86442 Bullhead City	33,382	2,259	13,880	1,614	12%
ZCTA 86443 Temple Bar	76	4	45	2	4%
ZCTA 86444 Meadview	1,289	21	697	16	2%
ZCTA 86445 Willow Beach	311	3	162	2	1%
Fort Mojave Reservation (Arizona part)	1,004	89	370	63	17%

Source: US Census 2010; Tables P1, P14, & P20

Appendix 2. Living Arrangements for Children (0-5) by ZCTA

GEOGRAPHY	POPULATION (AGES 0-5)	LIVING ARRANGEMENTS FOR CHILDREN (0-5)					
		WITH PARENT(S)		WITH OTHER RELATIVES		WITH NON- RELATIVES	
							IN GROUP QUARTERS
Arizona	546,609	444,657	81%	91,301	17%	9,837	2%
La Paz/Mohave Region	13,395	10,745	80%	2,250	17%	388	3%
La Paz County	1,227	929	76%	266	22%	21	2%
ZCTA 85325, Bouse	32	23	72%	9	28%	0	0%
ZCTA 85328, Cibola	10	5	50%	5	50%	0	0%
ZCTA 85334, Ehrenberg	90	74	82%	15	17%	1	1%
ZCTA 85344 (minus CRIT), Parker	86	65	76%	18	21%	3	3%
ZCTA 85346, Quartzsite	104	78	75%	18	17%	4	4%
ZCTA 85348, Salome	87	77	89%	9	10%	1	1%
ZCTA 85357, Wenden	79	64	81%	14	18%	1	1%
Mohave County	13,218	10,582	80%	2,244	17%	384	3%
ZCTA 85360, Wikieup	7	7	100%	0	0%	0	0%
ZCTA 86021, Colorado City	1,441	1,311	91%	81	6%	49	3%
ZCTA 86401, Kingman	1,669	1,389	83%	232	14%	47	3%
ZCTA 86403, Lake Havasu City	919	725	79%	166	18%	24	3%
ZCTA 86404, Desert Hills	829	665	80%	142	17%	22	3%
ZCTA 86406, Lake Havasu City	1,250	1,089	87%	140	11%	21	2%
ZCTA 86409, New Kingman-Butler	1,875	1,434	76%	363	19%	78	4%
ZCTA 86411, Hackberry	9	6	67%	3	33%	0	0%
ZCTA 86413, Golden Valley	491	338	69%	130	26%	23	5%
ZCTA 86426, Fort Mohave	834	625	75%	176	21%	33	4%
ZCTA 86429, Bullhead City	397	322	81%	62	16%	13	3%
ZCTA 86431, Chloride	8	2	25%	6	75%	0	0%
ZCTA 86432, Littlefield	280	218	78%	58	21%	4	1%
ZCTA 86433, Oatman	6	6	100%	0	0%	0	0%
ZCTA 86436, Topock	47	37	79%	8	17%	2	4%
ZCTA 86437, Valentine	6	3	50%	3	50%	0	0%
ZCTA 86438, Yucca	29	19	66%	9	31%	1	3%
ZCTA 86440, Mohave Valley	456	337	74%	108	24%	10	2%
ZCTA 86441, Dolan Springs	67	43	64%	24	36%	0	0%
ZCTA 86442, Bullhead City	2,259	1,759	78%	447	20%	51	2%
ZCTA 86443, Temple Bar	4	2	50%	2	50%	0	0%
ZCTA 86444, Meadview	21	19	90%	2	10%	0	0%
ZCTA 86445, Willow Beach	3	3	100%	0	0%	0	0%
Fort Mojave Reservation (Arizona part)	89	71	80%	17	19%	1	1%

Appendix 3. Race and Ethnicity by ZCTA

GEOGRAPHY	PLACE NAME	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
				WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona		6,392,017	30%	58%	4%	4%	3%	2%
La Paz/Mohave Region		211,367	15%	80%	1%	1%	1%	2%
La Paz County		20,489	23%	63%	1%	11%	0%	2%
ZCTA 85325	Bouse	1,212	5%	90%	0%	1%	0%	3%
ZCTA 85328	Cibola	259	24%	72%	0%	2%	0%	2%
ZCTA 85334	Ehrenberg	1,482	32%	63%	1%	1%	1%	2%
ZCTA 85344 (minus CRIT)	Parker	2,489	10%	85%	1%	2%	1%	2%
ZCTA 85346	Quartzsite	4,423	7%	90%	0%	2%	0%	1%
ZCTA 85348	Salome	2,786	15%	83%	1%	0%	0%	1%
ZCTA 85357	Wenden	761	53%	41%	1%	3%	0%	2%
Mohave County		200,186	15%	80%	1%	2%	1%	2%
ZCTA 85360	Wikieup	222	13%	83%	0%	0%	1%	2%
ZCTA 86021	Colorado City	6,085	2%	98%	0%	0%	0%	0%
ZCTA 86401	Kingman	24,289	12%	82%	1%	1%	2%	2%
ZCTA 86403	Lake Havasu City	15,802	16%	79%	1%	1%	1%	2%
ZCTA 86404	Desert Hills	16,243	12%	84%	1%	1%	1%	1%
ZCTA 86406	Lake Havasu City	23,763	9%	87%	1%	1%	1%	1%
ZCTA 86409	New Kingman-Butler	26,471	12%	83%	1%	1%	1%	2%
ZCTA 86411	Hackberry	224	5%	86%	0%	7%	0%	1%
ZCTA 86413	Golden Valley	12,103	14%	80%	2%	1%	1%	2%
ZCTA 86426	Fort Mohave	13,863	16%	79%	1%	1%	2%	2%
ZCTA 86429	Bullhead City	7,162	15%	79%	2%	1%	2%	2%
ZCTA 86431	Chloride	403	6%	87%	0%	0%	3%	3%
ZCTA 86432	Littlefield	3,933	34%	63%	0%	1%	1%	1%
ZCTA 86433	Oatman	111	1%	96%	0%	0%	1%	2%
ZCTA 86436	Topock	2,104	8%	89%	0%	1%	1%	1%
ZCTA 86437	Valentine	76	17%	32%	0%	51%	0%	0%
ZCTA 86438	Yucca	913	8%	86%	1%	2%	1%	2%
ZCTA 86440	Mohave Valley	6,906	18%	71%	0%	7%	1%	3%
ZCTA 86441	Dolan Springs	2,224	11%	85%	1%	1%	1%	2%
ZCTA 86442	Bullhead City	33,382	26%	70%	1%	1%	1%	2%
ZCTA 86443	Tempe Bar	76	5%	93%	0%	0%	0%	1%
ZCTA 86444	Meadview	1,289	5%	91%	1%	1%	1%	2%
ZCTA 86445	Willow Beach	311	6%	89%	1%	2%	1%	1%
Fort Mojave Reservation and Off-Reservation Trust Land (Arizona part)		1,004	25%	39%	0%	32%	0%	3%

Appendix 4. Community Forum Summary - Beaver Dam/Littlefield

The area comprised by the Beaver Dam/Littlefield communities is served by the Littlefield School District. The community forum was held at the Littlefield District Office Board Room. The geographic location of this area results in the fact that its residents work, live and access services in three different states: Arizona, Utah and Nevada. This presents unique challenges to area residents, particularly with regards to accessing services (e.g. WIC services have been contracted out through the state of Nevada and must be accessed in the town of Mesquite; pregnant women give birth in either Mesquite, Nevada, or Saint George, Utah; the nearest pediatrician is in Mesquite, Nevada, but this provider does accept Arizona's Medicaid, AHCCCS). There are important resources in the area that serve families with young children.

Identified assets or existing services:

- School-based preschool funded by First Things First
- The Learning Center for Families (TLC) – a private, non-profit agency serving low-income pregnant women, infants and toddlers based out of Washington County, Utah which also serves Northwestern Mohave County. TLC provides family support services through three programs: Early Intervention, Early Head Start and Healthy Families America. TLC has a local site by the Beaver Dam Elementary School with bilingual staff that is able to provide services to the Hispanic community in the area. Also, TLC being a non-profit organization is able to provide services to undocumented residents too. TLC staff is knowledgeable of the services available in both counties (Mohave, AZ and Washington, UT) and tries to help people as much as possible in taking advantage of available cross-state of services when possible. As of February 2012 they had a caseload of about 10 children.
- Small community-services that allow children to transition from one program to the next from birth to five:
 - The Learning Center (Early Head Start): ages 0-3
 - School-based preschool: ages 3 to 5
 - Elementary school: ages 5 and up

There have been discussions between school staff and TLC about the possibility of TLC providing full-day child care and early education services (high school students could provide help and get credit for it).

- Canyonlands Healthcare is a federally-recognized health center which does Well Baby Check-ups and also offers dental care. It is an important resource in the community and they have Spanish speaking staff too. Spanish speaking moms feel safe there, and school has good collaboration with the clinic.
- School staff involved and caring. Availability of bilingual teachers.
- Baptist Church offers food pantry.
- Developmental screenings are offered by TLC – therapists come from Page, Kingman or St. George, Utah. School has half-time speech therapist (bilingual).

Identified challenges or needs:

- Transportation is a major problem, and it is the biggest challenge for getting jobs too. People live in remote areas. Enrollment in preschool has dropped – “driving children to preschool has simply become too expensive, families cannot afford gasoline”.
- School would want to get bus that can access dirt roads to pick up kids that still need to walk long ways to get to where the bus can pick them up (which often results in families simply not taking their children to school. This is an unincorporated community, so kindergarten is not mandatory).
- Lack of awareness of the importance of early childhood education – lots of poverty – “people are just surviving”.
- No child care available; kin and kith care is the only option.
- Children not-up-to-date with their immunizations.
- Lack of cross-state reciprocity for programs such as AHCCCS makes access to health care difficult for residents of these communities. Sometimes the nearest provider might be out of state, in either Nevada or Utah but he/she may not take AHCCCS insurance.

What would help:

- Health insurance reciprocity among all three states (NV, AZ and UT).

Appendix 5. Community Forum Summary - Bullhead City

A community forum was held in Bullhead City on 3-23-12. Bullhead City offers early literacy opportunities through the local library, which was just expanded in November of 2011. The library has a large children's section and includes an activity room and a reading room. Infant Brain Boxes are available for checkout. Weekly story-time sessions are well attended and bilingual programming is the planning stages. The library also organizes occasional "family fun days" and participates in the In & Out reading program ("read 4 books; get a free hamburger or cheeseburger").

Identified assets or existing services:

- The preschool in the school district is full-day; provides a bus service, provides family literacy night for all families with young children in the community (not just enrolled students).
- Free swim lessons available in the community taking advantage of this opportunity may help young children acquire the motor skills they need to succeed in school (see below "high rates of childhood obesity" as an identified challenge).
- Parent education opportunities available through the school district.
- Mohave Mental Health Clinic contains an outpatient clinic in Bullhead City, which aims to serve all residents of Bullhead City in need of behavioral health services, including individuals covered under Title XIX/XXI.

Identified challenges or needs:

- Most child care in the community is provided by unregulated home-based providers as many residents cannot afford to pay for preschool and budget cuts have largely eliminated DES subsidies. Home-based providers may charge as little as \$1-\$5 a day but forum participants expressed concern about the quality of care provided.
- Need to expand the preschool program combined with the limitation imposed by lack of physical space to accommodate possible expansion. Preschool program is only available to children who are in poverty as enrollment takes places on a financial need basis. The program has a long waiting list and there are no other preschool options for families who do not meet the income threshold.
- High unemployment rate – casinos are the biggest employer in the area, and have a very high layoff rate. Jobs for women are more plentiful than jobs for men; female breadwinners are common in the community.
- Irregular working schedules for those in the casino industry that make it challenging for parents to find childcare services. They can also be an obstacle for parents to take advantage of programs available to them such as the parent education provided by the school district.
- High rates of childhood obesity. Children in the area are often raised very sedentarily, enter kindergarten not knowing how to skip, hop, or stand on one foot.
- High need for behavioral health services which forum participants perceived is available only for "the very poor and very rich." Mohave Mental Health is available to those who

qualify, but their income cut-off is low and there is a shortage of other mental health care providers in the area. Many cannot accept insurance.

- Poor school readiness among children entering kindergarten. Forum participants estimated that fewer than 40% of children who enter kindergarten are ready for kindergarten.
- Limited access to dental care.
- Access to immunization services has also become a challenge, especially after a local facility that used to offer immunizations, River Cities Clinic, recently closed.
- “Mobile children” whose families move from district to district in search of the lowest rent prices is a problem for the school district (as in Dolan Springs and Golden Valley).
- Increasing need for foster parenting due to incarcerated parents in the community.

Appendix 6. Community Forum Summary - Dolan Springs

The community forum was conducted in both Spanish and English, as about half of attendees were parents who spoke mostly Spanish. The rest of the participants were school staff.

Dolan Springs is on Highway 25, the road from Kingman or Las Vegas to the Grand Canyon West Resort and the Grand Canyon Skywalk, touristic attractions managed by the Hualapai Tribe. Several local businesses on the main road cater to tourists on the way to these destinations. Mt. Tipton School (K-12) in Dolan Springs also serves the communities of Chloride, Meadview, and White Hills.

Forum participants indicated that they chose to live in Dolan Springs because it is more affordable than larger nearby communities like Kingman. The town has a transient population with lots of people moving in and leaving.

Assets/existing services:

- Families and school staff who are invested in the community and care about the wellbeing of its inhabitants.
- Local school that used to be classified as 'low-performing' and has improved substantially in the last few years. School administration's open to the possibility of providing a space open to all community members where young children could access early literacy materials.
- School-based preschool- there are about 15 regular children enrolled but can enroll up to 25 to serve children with special needs. They do have a waiting list of about 5 or 6 children.
- School is starting to bring story time once/month from the Mohave County Library.
- St. Vincent de Paul brings a food bank to the community once a month.
- There are some residents, perhaps retirees, who are foster parents.

Challenges/Needs:

- Limited access to health care services:
 - There is no clinic or health care facility in town where families can take children to, not even for emergency (there is a small local clinic but it does not take children at all). Families must go to Kingman (36 miles away) and many who are uninsured choose to seek care at North Country Health Care where they are charged on a sliding scale fee. The nearest pharmacy is also in Kingman.
 - Immunization rates impacted by the limited access to health care facilities.
- Almost no local jobs; community members travel to either Kingman or Las Vegas for work. Some also commute to the Hualapai Tribe's Grand Canyon Skywalk and Grand Canyon West Resort for work, 40 miles away.
- Many local children have parents who are incarcerated (often for drug-related crimes), and are living with their retired grandparents in the area.
- The current preschool day is only 3 hours. School would have the space for expansion, but it is not clear that, with the lack of jobs, parents see a need of, or can afford

preschool. Other than school-based preschool, there are no other child care options but relatives and friends.

What would help:

- Bring back registered nurse to school – used to have one, but not anymore.
- Have developmental screenings be done locally.
- Investment in jobs.
- Longer preschool days and more options for childcare for children younger than 3.
- A space for young children in the school with early literacy materials that families could check out. This would be a space where anyone could come in and hang out or check out materials.
- A mobile immunizations clinic that visits the community once a month.
- A local site for well-baby care, and for back-to-school check-ups for older children.
- Library-based services and parenting classes for parents for children younger than 3 and their families.

Appendix 7. Community Forums Summary - Colorado City/Centennial Hall

Two forums were planned on February 24th, 2012 as stakeholders who are knowledgeable of these communities suggested this format would be most appropriate.

Identified services or assets:

- Strong families that focus on children as a priority population.
- High rates of breastfeeding - strongly supported and encouraged in the community.
- Children engage in physical activity and have good eating habits (a healthy diet of home-made meals mostly without processed food), which has resulted in low obesity rates among children in the community.

Identified challenges or needs:

- Need for pediatric and pediatric dentistry services as there are none currently in the area.
- Difficulty accessing health care services due to the isolated geographic location of these communities.
- Lack of cross-state reciprocity is a major challenge in these communities. Accessing health and social services in Utah would be most convenient to this population, yet often this is not possible. Some health care providers in the nearby community of St. George, UT, accept AHCCCS enrollees. For other services, such as Children's Rehabilitative Services (CRS) community members must travel to Phoenix (about 400 miles away).
- Community members must also travel long distances to enroll in assistance programs such as AHCCCS and SNAP.
- A big need to accommodate large numbers of children in the public schools who have been formally home-schooled.
- A big need for child care among families who would be open to utilizing this service.

Appendix 8. Key Informant Interview Summary - Ehrenberg

Qualitative data on the needs and assets of the Ehrenberg community was collected through a key informant interview on June 7th, 2012. There are several services available to families in Ehrenberg, and Ehrenberg is the only community in La Paz County that has its own Head Start program. Very few specialty services are available in Ehrenberg, and families needing specialty services often must travel to larger nearby communities for specialty services.

Identified services or assets:

- Head Start program.
- Community has its own counseling center.
- Close proximity to Blythe, which offers additional opportunities for family fun, such as swimming in the river or going to the movie theatre.

Identified challenges or needs:

- Small community with a high poverty rate.
- Limited housing. Most residents live in mobile homes and community members often find it challenging to find housing in the area. Some people live in Blythe and travel back and forth.
- Lack of health services available locally. Most families access health services in Blythe or Quartzsite.
- Some special services available via the Head Start program, run through WACOG. Most people have to travel far if they have children with special needs though.
- Very few parent education opportunities in the community.

What would help:

- Parent education classes, and other opportunities to encourage parents to become more engaged in their child's educational process.
- A resource center for families that can connect them with other services; a "one stop shop" for helping families in crisis.
- More organized activities for young children, especially during the summer months.

Appendix 9. Community Forum Summary - Fort Mojave Indian Tribe

The community forum at the Fort Mojave Indian Tribe was conducted on March 22, 2012 during a working lunch session at the Fort Mojave Indian Tribe Focus Cultural Awareness conference. The conference and community forum were held at the tribe's Avi Casino in Laughlin, Nevada. Participants included representatives from a variety of tribal agencies and departments.

The boundaries of the Fort Mojave Indian Tribe lie on three states: Arizona, California and Nevada. However, the majority of the tribe's population resides in the Arizona side. Children from the community also attend schools in Mohave Valley, AZ and Needles, CA. The tribe operates a Child Care Center that serves children from the community and also from surrounding areas such as the lower Mohave Valley and Topock. The Child Care Center is also emergency placement for Child Protective Services and the tribe's Domestic Violence program.

Identified services or assets:

- Tribally operated Child Care Center that serves as a hub for other services for young children in the community. Screening and referral services available through the Center.
- Health care services available locally at the Fort Mojave Health Clinic; a pediatrician visits the clinic twice a month to provide services to children in the area.
- Resource list compiled by a working group with representatives from tribal agencies and programs providing services to families in the community. This comprehensive resource list includes a pathway of services available to tribal members with flow charts of eligibility and qualifications.
- Good internal collaboration among tribal agencies – there are a lot of relatively new departments that opened within the last 6 years (Social Services, Child Care, Health) – people are still learning how to navigate the system.
- Important outreach efforts to improve coordination of services and collaboration among tribal and non-tribal agencies. Particularly important for a tribe that needs to work with agencies from three different states (AZ, CA, NV). The Cultural Awareness Conference is a very good example of the efforts the Fort Mojave Indian Tribe has put in place to ensure that families can receive high quality and culturally appropriate services by both tribal and non-tribal agencies.
- Close collaboration with state CPS officials (both in CA and AZ).
- Recently started play groups at the library. Brain Boxes are available at the library for families too (and library staff can help families learn how to work with them).
- Screening and referral services for children with special needs. A home visitation program is available through the child care center; staff with this program screens children during home visits using Ages and Stages questionnaires. If identified as needed further evaluation or services, children are referred to the Milemarkers Therapy, the AzEIP provider in the area. Brain Boxes and Growing Great Kids curriculums are available

for children in the “borderline” development area (i.e. do not meet the criteria for a formal diagnose but lag behind developmentally). The Child Care Center also does developmental screenings for children in the community twice a year and coordinates with local schools providing services to children with special needs.

- Participation of tribal members in the school district in Needles, CA. This is important because many children in the community attend school in the Needles Unified School District.
- “School zone” in the Arizona side of the reservation that concentrates programs targeting children such as the Child Care Center, the Boys and Girls Club and the Education Department. This facilitated transportation of children from one program to the other.
- Good coordination between Child Care Center and other agencies that serve children in the community such as the tribe’s Domestic Violence Program.
- An emphasis on language revitalization. The Fort Mojave Indian Tribe has a language revitalization program that is fully funded by the tribe. The Child Care Center also has a Native language program as part of their curriculum that involves parents who are fluent speakers. A new component will invite elders in the community to visit the Center and sing to the children.

Identified challenges or needs:

- Families not taking advantage of the programs available to them (e.g. immunization services are available locally but many children that come into the tribe’s childcare program are not up-to-date with their immunizations).
- A perception that children may not be included in support programs (like WIC).
- Children experiencing effects of fetal alcohol exposure.
- Difficulty finding foster homes. Because this is a small community many families are related and taking children into foster care can easily result in conflict. In addition, families often lack the material resources to become foster homes. There is need for a group home and for support for relatives taking care of children informally (without legal custody or being formal foster guardians). Also, there is a need to train foster parents in how to deal with children who have suffered from abused.
- Need for respite care providers to support foster families. Organized play groups are available but lack of transportation is a challenge.

Appendix 10. Key Informant Interviews Summary - Golden Valley

Qualitative data was gathered in Golden Valley through key informant interviews conducted in person on March, 22nd 2012. Golden Valley is equidistant between Kingman and Bullhead City so residents travel to both of these towns to access services. Local services are limited. A pharmacy is available but there is no grocery store. Most families in the area rely on kith and kin childcare. Children of preschool age with special needs are can be enrolled in the Little Explorers preschool, in Kingman. The library offers a once-per-month story time for families. No other activities aimed at young children are offered in the community.

Identified assets or existing services:

- Neglect is uncommon; for instance, it was noted that children come to school clean, which is not always the case when families face multiple challenges; “our kids are rural but well cared for”.
- Medical center available locally that offers pediatric care and is utilized by most people in the community.

Identified challenges or needs:

- Lack of awareness of early education opportunities existing in the community such as Head Start; reach out efforts are difficult because the population in the area is very spread out.
- Limited to no preschool experience prior to entering kindergarten among most children.
- High proportion of children being raised by their grandparents.
- High rates of homeless children and incarcerated parents in the area.
- Most childcare is provided by kith and kin.
- Families are in need of support programs like AHCCCS but do not qualify because they are only a few dollars above the income threshold. At the same time, mistrust of government agencies is common among local residents, resulting in low enrollment in assistance programs such as SNAP and TANF.
- Need for better communication and collaboration among programs serving young children in the community.
- Concern about substance abuse among parents.
- Proportion of children with up-to-date immunizations could be higher; lack of transportation may be a barrier for parents to have their children vaccinated. School provides transportation to parents and children to the annual flu shot clinic operated by the Arizona Department of Health Services.
- Lack of transportation limits families’ access to local services.
- Children lacking basic skills when entering preschool or even kindergarten. Opportunity to participate in preschool programs such as Head Start helps them catch up with age-

appropriate skills. Therefore, a need for more early educational opportunities was highlighted.

- Financial constraints that force parents to frequently change their place of residence looking for places with more affordable rents. This results in lots of children changing schools in the middle of the school year.
- High enrollment at local elementary school resulting in space limitations.
- Some kids take the bus from up to an hour away to get to the school.
- High turnover in local school's leadership.
- Professional development limited to distance learning. Mohave Community College is the nearest option for ECE degrees but classes are often canceled due to lack of staffing or low enrollment. "We've lost some really great teachers because they couldn't get their ECE".
- Low turnout for early literacy opportunities such as the library's story time.

What would help:

- More preschool opportunities to increase kindergarten readiness.
- Providing local opportunities for parents to bring their children up-to-date with their immunization (e.g. holding an annual immunizations clinic in Golden Valley).
- Improved parent education and parent involvement.
- More services for children under three.
- Support group for grandparents raising grandchildren.

Appendix 11. Community Forum Summary - Kingman

The Kingman community forum took place on March 21st, 2012 at the facilities of the Little Explorers Preschool. A variety of services for families are available in this community (e.g. Head Start, preschool programs, a large hospital). For some specialized care services (i.e. high-risk pregnancies/deliveries) community members must travel to larger nearby communities such as Phoenix or Las Vegas.

Identified services or assets:

- Families are most likely to go to WIC. Most people trust WIC.
- Recently developed opportunity to obtain a Child Development Associate degree while enrolled in high school through Mohave Community College.

Identified challenges or needs:

- A need for quality and affordable childcare. There is high variability in the quality of childcare available in the community. Access to childcare is a barrier for single mothers who cannot take advantage of educational opportunities in the community (such as scholarships offered by the local community college) due to lack of childcare. Childcare enrollment is decreasing as parents are losing their jobs and cannot afford to pay for it.
- A need for Early Head Start services (for children ages 0 to 3).
- Families facing economic hardship as reflected in a substantial increase in the proportion of children participating in the Free and Reduced Lunch program.
- A need for better reporting procedures and protocols so that coordination between hospitals and the court system around substance exposure and other child abuse can be identified and followed up. At the county level, there is an effort to test all newborns to drug exposure and to involve Child Protective Services when test results are positive.
- Increasing number of children living with relatives other than their parents, such as grandparents and great grandparents. Limited knowledge among these caregivers of the services available to them.
- More foster homes is a major need of the area – children often have to be sent out of county, and biological parents are no longer able to visit.
- Difficulty accessing families who live in poverty and reside in the remote rural areas
- High rates of teen pregnancy, combined with inadequate prenatal care and limited support services for pregnant teens.
- The local mental health system has developed an undeserved bad reputation among community members stemming from the fact that parents have high expectations for treatment results, and are fearful and frustrated. This results in the fact that they do not always want to participate in the child's treatment.
- A need to learn if and how pediatricians in the community refer do referrals to AzEIP referrals.

- Limited professional development opportunities available locally combined with the challenge of high cost related to traveling to places like Phoenix where more options exist. Local Head Start is struggling to fulfill the new Bachelor's requirement. First Things First scholarships for a bachelor's in early childhood would be helpful, especially if they had a requirement to work in a rural area for a period of time.
- Limited awareness of services available to families. Community members do not know where to go when needing services or where to look for support. Improved communication across agencies could also help make sure parents receive the services they need. Developing a county-wide resource guide would be helpful, but it is clear where to get the information out to the community.
- Lack of transportation is often a barrier to accessing services.
- High turnover at DES often becomes a barrier to coordination across agencies.
- Forum participants pointed out that having a family resource center in this community would be "a dream come true." Such a resource would address many of the challenges listed above; it would be a "one-stop shop" where families could come, feel welcome and access a variety of services.

Appendix 12. Lake Havasu City Qualitative Data Collection

A community forum was scheduled and advertised for May 24th, 2012 in the Lake Havasu Unified School District Board Room; one community member attended the forum, bringing written comments from two other individuals who had been unable to attend the local forum. Key strengths of the Lake Havasu City community included its Head Start Program, home visitation opportunities for families, and professional development opportunities for early childcare professionals. However, key informants felt that the affordability and accessibility of early childcare programs in the community continue to need improvement, and that even as the number of services available in the community has grown, transportation continues to be a barrier to service access for families.

Identified services or assets:

- Head Start has expanded to 3 classrooms with locations across the community.
- A developmental preschool (Smoketree) is available for children birth to five.
- Services that target the family as a whole like those provided by the Interagency Council.
- Strong collaboration between Milemarkers Therapy (AzEIP provider) and school districts.
- Parenting classes available throughout the community, including programming specifically for fathers.

Identified challenges or needs:

- A lack of mental health services available within the community.
- A lack of affordable, quality daycare/preschool options for children birth through five.
- Few specialty providers in the area; families often need to travel long distances for specialty medical services, and transportation barriers limit follow-up to these appointments.
- Transportation is a barrier for many families in the community even within Lake Havasu City; families have difficulty commuting to local services such as Smoketree Preschool.

Appendix 13. Community Forum/key informant interviews Summary - Parker

The Parker community forum was conducted on May 16th of 2012 as part of the monthly meeting of the Colorado River Regional Crisis Shelter, which agreed to let us use their Safe Home Network monthly meeting to conduct the community forum. The Safe Home Network convenes a large number of representatives from various agencies and programs that provide services to families in the community. In addition to gathering qualitative data through the community forum, key informant interviews were also conducted with representatives from local agencies. The town of Parker is a checkerboard of tribal land belonging to the Colorado River Indian Tribes and non-tribal land. Young children and their families are therefore served by both the First Things First Colorado River Indian Tribes and the La Paz/Mohave Regional Partnership Councils.

Identified services or assets:

- Safe community, safe environment; “it’s manageable”.
- Children grow up knowing everyone; strong sense of community.
- Small classes at the local schools allow for more individualized attention from teachers.
- People care; “It’s a very giving community.” Civic club agencies do a lot of activities.
- Good natural resources and recreational activities.
- Good collaboration and communication among various agency representatives.
- Culturally diverse community.
- Good and supportive local media that help get the word out about services and events.

Identified challenges or needs:

- Limited after-school care and services for children, and child care options for parents who work night shifts (it is difficult for parents to access jobs that require night shifts, like those in the casino industry, when they are unable to find child care).
- Need for higher quality child care options.
- Limited job opportunities.
- Limited housing availability and high housing costs.
- Lack of locally available specialty care – community members must travel to Lake Havasu for services.
- Need more nutrition programs; would like to provide weekend backpack food program for children (staff with the Blake Elementary school have brought up this concern too)
- Need for better teen pregnancy prevention programs.
- Need for more indoors and outdoors recreational activities; forum participants emphasized the need to bring back the swimming pool, which in addition to providing recreational and physical activity opportunities, used to be a center for community activity. High maintenance costs and budget cuts have resulted in the pool’s closing.
- Limited parent involvement; low parent participation in school activities; few parents volunteering at school activities makes it difficult to organize events.
- Parents not taking advantage of the opportunities available, even if they are free-of-cost.

- Community norms are a challenge: acceptance of drinking and alcohol abuse (prevention programs focus mostly on other substances, but do not put so much emphasis on alcohol abuse); there is limited enforcement of existing ordinance against hosting underage drinking.
- Although having a culturally diverse community was identified as an asset, it may also be a challenge to make sure that the needs of the various cultures in the area are addressed.
- A need for improved coordination among programs where there is still limited communication. Forum participants emphasized the need to increase the number of mutual referrals among agencies that serve the same population but are currently not referring clients to each other.

Appendix 14. Telephonic Community Forum - Quartzsite

Qualitative data on the needs and assets of the Quartzsite community was collected through a telephonic community forum on June 6th, 2012. Three community members attended on the conference call. Quartzsite is a tightknit community, and has its own preschool, food bank, community park, and adult learning center, which offers opportunities for adult education. However, few specialty services are available in Quartzsite, and there is no community dentist. Families often have to travel outside of the community to get the healthcare they need.

Identified services or assets:

- Little Scholars Preschool (local to Quartzsite), and option to attend Head Start in Ehrenberg.
- Close, “tightknit” community.
- Few transportation barriers within Quartzsite; a walkable community.
- Opportunities for adult education via Quartzsite Learning Center (Arizona Western College).
- Community has a library with a children’s section.
- Community has its own food bank, open 1 day each week.

Identified challenges or needs:

- Many parents in the community work two jobs; parents face challenges in aligning their childcare around preschool hours.
- Not all families have reliable transportation to leave Quartzsite for medical services, and there are few specialty services in the community (including pediatricians).
- No dentist in the community.
- A shortage of activities for children, particularly in the summer; the community does not have a pool or splash park.

What would help:

- A community dentist; more specialty medical services available in the community.
- Health fairs.
- Parent education for adolescent parents.
- A family resource center to aid and education families.

Appendix 15. Key Informant Interviews Summary - Wenden/Salome

Qualitative data gathering in the Salome/Wenden area was conducted through key informant interviews during a trip to these communities on May 15th, 2012. Both Salome and Wenden have a preschool program. Residents of this area have access to a local clinic in Salome affiliated with the La Paz Regional Hospital in Parker. Staff with the WIC program out of Parker visits the clinic once or twice a month. La Paz County Health Department provides immunization services once a month at the Salome Clinic. Access to other services locally is limited. For more specialized health care, grocery and other shopping community members travel to the Wickenburg/Phoenix area. For local shopping families must rely on small stores or the newly opened Family Dollar store. Local residents work in the farms, dairies, construction and handiwork.

Identified assets or existing services:

- A community where people try to help each other; a strong sense of belonging to a community.
- Small, safe community. No organized gang activity. Children can play outside; a sense that “everyone knows everyone else” so they keep an eye on each other’s children.
- Parents are involved and care about their children’s education; good participation in parent nights at local schools; several parent-led activities (such as potlucks) taking place in the schools.
- School-based preschool programs that are free-of-cost even for typical children (not just for children with special needs, who are given priority).
- Salome Tri Valley Clinic - this facility, affiliated with the La Paz Regional Hospital, provides basic health care services to families with young children in the area, including immunizations and WIC services. Services are provided to the uninsured on a sliding-scale fee base.
- Centennial Community Center and Library - During the summer, the library offers a summer read program once a week. Last time they had children anywhere from 9 months to 11 years old. Each is a two-hour session – the first hour is dedicated to crafts (last summer they had a lot of parents attend too, so they helped a lot with the younger children so they could also participate in this hands-on component). Then they read a story, play some sort of game, and have some music. This is only possible during the summer. In the winter, there are too many snowbirds and she doesn’t have time to do this.
- Outreach from La Paz County Public Health Education and Prevention Program offering services in Spanish such as the six-week chronic disease management program “Tomando Control de su Salud”.
- Church-based programs for children, including summer programs.
- McMullen Valley Food Bank truck comes to Community Center twice a week. It’s been happening for a couple of months. The word is slowly getting out there that this service is available. Currently they serve about 10-20 families.
- University of Arizona Cooperative Extension 4-H clubs providing activities for children and families in the area; good parent involvement in the clubs.

Identified challenges or needs:

- A need for childcare and early learning opportunities, even if it was only one or two days a week. Cost might be an issue for some families but demand might still be there. Community Center might offer space for that. The existing preschool programs in both Salome and Wenden give priority to children with special needs, and current demand appears to be higher than present capacity. Leads to the impression by some that typical children are being “left out.”
- Transportation is a big challenge in the area –be hard for some families to access available resources to the Community Center; with rising cost of gas, it makes it all the more difficult.
- Border Patrol activity in the area causing fear among Hispanic population, who are afraid to be on the roads – difficult to access local resources such as Community Center and library if there is fear of commuting.
- Lack of infrastructure targeting children. Very limited options for activities geared towards young children and their families. A common expression among key informants was: “There’s nothing here for children.” The Community Center was meant to be a family space but key informants noted that the elderly population is the one using the space the most, and a lot of activities taking place there cater to them. Need for extracurricular activities for school-aged children. Key informants suggested that the area could benefit from a centrally-located activity center for children, where local youth could be trained to do activities with young children.
- Lack of therapists available to serve the children with special needs in the local preschool programs; replaced by online services.
- Concerns about quality of education (including preschool) in the local schools. Community members used to see small classrooms (in a small community) as an advantage that allowed children to have more individualized attention from their teachers. Some key informants indicated that they perceive this to be changing, due to in part a shortage of teachers. They also noted the need for more professional development opportunities for local educators.
- Need for better nutrition for children – the mobile food bank is helping address this challenge but some key informants pointed out that families with young children are not yet taking advantage of this opportunity.
- Basic health care is available at the local clinic in Salome, but they must travel to the Phoenix area for more specialized services. Residents must also drive about 45 miles to the nearest pharmacy.
- High levels of unemployment, especially when the agricultural season is out; farmworkers live in the area year-long.
- Local preschools operating at capacity; availability of additional space limits possibility of expansion.
- ESL and adult education classes for Spanish speaking parents in the area.
- Parenting education to help parents with early identification of developmental delays and the importance of following up with a specialist when children are diagnosed with delays.

Appendix 16. Table of Regional Assets

First Things First La Paz / Mohave Regional Assets

Increasing community-based and college-based professional development opportunities in early education

Head Start and Early Head Start program

Services for children with developmental delays available through Milemarkers Therapy, the Learning Center for Families, and the State Department of Developmental Disabilities

Home visitation program funded by First Things First provides families throughout the region with in-home services and connects families to resources that support their child's early learning and health

Local Education Authority preschools that aim to provide high quality early education opportunities and support to parent

A growing awareness of the importance of system coordination to support families across such a diverse Region

Appendix 17. Table of Regional Challenges

<i>First Things First La Paz / Mohave Regional Challenges</i>	
A lack of affordable, high quality and accessible child care	
In rural communities, a lack of resources for children with special needs	
Low level of awareness of the importance of early childhood and a parent's role in supporting health and development	
In rural communities, limited access to behavioral health services	
In rural communities, a shortage of obstetric and pediatric health and dental providers	
Barriers to cross-state services in border communities	
Low immunization rates	
Lack of literacy and adult education opportunities, particularly among Spanish-speaking families	
Lack of transportation throughout region	
Lack of infrastructure and activities available to young children	

Appendix 18. Table of Regional Funded Strategies, FY 2013

La Paz/Mohave Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2013		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First Child Care Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Pre-Kindergarten Scholarships	Provides scholarships to quality preschool programs that allow them to serve more children.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Community Based Professional Development	Provides quality education and training in community settings to early care and education professionals. Improves the professional skills of those providing care and education to children 5 and younger.
Family Support	Family, Friends, and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning.
	Parent Coaching – Children with Special	This strategy provides parent coaching, group activities and services to the parents of children

	Needs	with special needs who are not eligible for other publicly-funded programs. Services are designed to help the child reach his/her fullest potential.
Health / Mental Health	Recruitment – Stipends/Loan Forgiveness	The Recruitment – Stipends/Loan Forgiveness strategy offers professionals financial incentives to provide services in underserved communities.
	Child Care Health Consultation	Through this strategy child care settings receive health and safety information to improve the quality of care in the facility.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Court Teams	This strategy assigns multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system.
Community Outreach	Community Outreach	The Community Outreach strategy provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	The Community Awareness strategy uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health.

Appendix 19. Sources

Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O'Hare, W., Mather, M., & Dupuis, G.

AHCCCS. (requires citation)

Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010. Retrieved from: ????

Arizona Department of Economic Security (2011). *Children 0-5 Receiving SNAP*. Phoenix, Arizona.

Arizona Department of Economic Security (2011). *Children 0-5 Receiving TANF*. Phoenix, Arizona.

Arizona Department of Economic Security (2011). *Children 0-5 Receiving WIC*. Phoenix, Arizona.

Arizona Department of Economic Security. (2011). Domestic Violence Shelter Fund Report for SFY 2011. Phoenix, Arizona.

Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families (2012). *Child Welfare Reporting Requirements Semi-Annual Report for the Period of April 1, 2011 through September 30, 2011*. Phoenix, Arizona. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_apr_2011_sep_2011.pdf

Arizona Department of Education (2011). *Arizona's Instrument to Measure Standards (AIMS) Results*. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>.

Arizona Department of Health Services (2012). *Arizona Primary Care Area Statistical Profiles*. Retrieved from: <http://www.azdhs.gov/hsd/profiles/index.htm>

Arizona Department of Health Services, Bureau of Health Systems Development. (2010). Retrieved from www.azdhs.gov/hsd/profiles/frontier.pdf

Arizona Department of Health Services, Division of Behavioral Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

Arizona Department of Health Services, Division of Behavioral Health Services. (2011). *Enrollment in the Public Behavioral Health System*.

Arizona Department of Health Services, Office of Oral Health. (2009). *Arizona Oral Health Survey of Preschool Children*.

Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

Benefits Details: Arizona Head Start and Early Head Start. (n.d.) Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

Berube, A. & Kneebone, E. (2011). Parsing U.S. Poverty at the Metropolitan Level. Retrieved from http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx

Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Children's Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

First Things First (2009). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Phoenix, AZ.

First Things First (2009). *Regional Results of Family and Community Survey on Early Childhood*. Unpublished Data.

Fort Mojave Indian Tribe Social Services Department. (2010). *BIA Western Regional Office Child Abuse and Neglect Report, FY 2009-2010*. Unpublished data.

Fort Mojave Indian Tribe Social Services Department. (2012). *Data on children in foster care FY 2009-2010, 2010-2011 and 2011-2012*. Unpublished data.

Homeless Management Information System (2011). *Program Demographics Report: Region 1 (Mohave, La Paz, and Yuma Counties)*. Retrieved from <http://www.symmetricolutions.com/ruralazhmis/Program%20Demographics%20Report%20-%20Region%201.pdf>.

Realty Trac, Inc. (2012). *February 2012 Foreclosure Rate Heat Map*. Retrieved from: <http://www.realtytrac.com/trendcenter/>.

Reinhart, M. K. (2011). Arizona budget crisis: Axing aid to poor may hurt in long run. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

The Arizona Children's Action Alliance Income Disparity in Arizona. Newsletter received October 26th, 2011.

<http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

The Governor's Office for Children, Youth and Families, Division for Substance Abuse Policy. (2009). Illicit Drug Use in Arizona: Consumption Patterns and Consequences, in Arizona Statewide Substance Abuse Epidemiology Profile. Arizona, U.S.: The Substance Abuse Epidemiology Work Group and Bach Harrison LLC.

U.S. Census Bureau. (2010). *Table P1*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P14*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P20*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P41*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table PCT14*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table QT-P4*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau, American Communities Survey. (2006-2010). Detailed Tables; generated using American Fact Finder. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau, Small Area Estimates Branch. (2010). *2010 Poverty and Median Income Estimates*. Retrieved from: [??????](#)

U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading Assessments.

White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). The Geography of Government Benefits. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

